

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15693 CERTIFICATE OF DEATH 15688 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) MARYLAND CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 2 RURAL and give nearest town Muda e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO P YES NAME OF Middle Month Lost DATE Dov Year DECEASED (Type or print) DEATH 9. AGE (In years last birthday) 6. COLOR OR RACE IF UNDER SEX IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Months Hours Doys WIDOWED DIVORCED 12. CITIZEN OF WHAT The MELIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BISTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY nousance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN (Yes, no. or thicknown) (If yes give wor or dotes of service INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per lige for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY ONSELAND DEATH IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

Hour 'p.m. foctory, street, office bldg., etc.) Not White 21. I certify that (1) (this haspital) offended the deceased from saw the deceased alive an 1967, and that death occurred at M, fram causes and on the date stated abave -220. SIGNATURE 22b. DATE SIGNED ATTENDING 1/22/67 M.D. DIRECTOR 22c PHYSICIAN'S NAME (Type) 4743 Bradley Blvd 22d. ADDRESS

20e, PLACE OF INJURY (Home, form,

Horace Bernton, M.D. Chevy Chase, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town)

REMOVAL (Specify) Burial Hollywood Cem. 24. FUNERAL DIRECTOR

20d. INJURY OCCURRED

20c. TIME OF INJURY Month, Doy, Year

Robert A. Pumphrey

Bethesda, Md. DATE NOV 2

2So. REC'D BY REGISTRAR

Milesulas Judge

Union. New Jersey

(County)

(Stote)

(Stote)

(City or fown)

VR A15 (4) 25M 1/67

. ? BERGE Monkey others - Michelland Harrison The state of the said yers morning the ----Edward B. Thiramy - " Hed a Lug. 6 196 89 Male Isher Men your WED Attended Educated . Hazel Morry Burkings Heavy In and and an area sector in they and Convertibile of the Convertibile b landand me lotter a thought

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15689

ATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
DEPA.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
19		MONTGOMERY MARYLAND	o. D. C. b. COUNTY
men	1	o. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Notes Designation of the Property of the Prope	7	AKOMA PARK	WASHINGTON 473
171		1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1"	3. 1	VASHING TON SAN, F 1705P	3009 3-57. N.W. YES NO X
	1	DECEASED	ORVILLE DEATH NOVEMBER 8 1967
-	S. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	-		OCTOBER 30, 1878 69 YIS.
		USUAL OCCUPATION (Give kind of work done no most of working life, e <u>ven.if</u> retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME	WASHINGTON, D.C. U.S.A.
	13.		
			Amanda Brown INFORMANT Address
	(Ye	s, no, or unknown) (If yes give wor or dotes of service) 579-56-70/2	MRS. EVA SMITH - DAUGHTER
		18. CAUSE OF DEATH (Enter only one couse per line by (o), (b), ond (c).) PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	onary Insufficiency
		Conditions, if ony, which gove)	an Alexicolotion
		rise to immediate couse (a), stoting the underlying couse	£ 71 ± 0:
		last. (c) Willercosci	erole Heart Disease
1	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
The same	CERTIFICATION	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)
	CERT	PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	
	MEDICAL		ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
	W	p.m. 19 at work ot work	
		21. I certify that I took charge of the remains described above, he	
		death resulted tron: Natural causes , Academ , Suice	cide, Homicide, Undetermined manner
		ACTUAL SIGNATURE Delever Chap	M.D. ASSISTANT MEDICAL EXAMINER
		EXAMINER'S DELLA DELLA DELLA	DEPUTY AFBICAL EXAMINER A 1010
-	22-	NAME (Type) BELDEN M. PREAP	M. Duth How outland county) 1001. 1, 1961
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER OF REMOVAL (Specify)	
	24	Burial 11/15/67 Harmony Me	D C 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
7	1	William W. Woodford 1622 11th St	ti., DATE NOV 14 1961 yourses funde
		N.W.D.C.	20001

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VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15690

	10033	CERTIFICATE	OF DEATH	Margaret J. (O'Bree)
	PLACE OF DEATH a. GOUNTY		2. USUAL RESIDENCE (When	re deceased lived, if institution: Re b. COUNTY	esidence before admission)
	MONTGOMERU	MARYLAND	MARYLAN	(D)	R. (+60.
1	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16		e carparate limits, write RURAL an	d give nearest tawn)
	LAKOMA PARK	D.O.A.	TAKOMA !	PARK	16 %
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite		d. STREET ADDRESS	. 1	e. IS RESIDENCE ON A FARM?
4		# HOSP.	401 Box	O HVE.	YES NO
	NAME OF DECEASED (Type or print)	Middle MARGAKE	T O'BREE	DATE Manth OF DEATH NOVEMBER	
5. 5	SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9. AGE (In years IFU last birthday) Man	NDER 1 YEAR IF UNDER 24 HRS. oths Days Hours Min.
1	EMALE WHITE WIDOW		TARCH 2 1911	56 yrs.	
10a. duri	ing most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY COBCAL GOVT.	11. BIRTHPLACE (County & St.	ate, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ļ.	
6	DRGIN WULIEN		MARY HO	OLCOM8	
	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, no., or unknown) (If yes give war ar dotes of service)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	Vo	7	TOSP. KEC	ORDS.	
	13 3 0 DUE TO	EARCIN OM ATOSIS DENO CARCINOM A			ONSET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(a)	PERFORMED? YES NO X
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I or Part II of item 18.)	
MEDICAL	Hour o.m. W p.m. 19 at w	hile Nat While facto	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
	21. I certify that (I) (this hospital) att saw the deceased alive an Apr.	ended the deceased fram	2-28-67 , 19 death accurred at 5.	to NOVEMASK	19 6 7 , that (I) (we) las an the date stated abave
	Marill C. Que	nam Ja. M.C			2b. DATE SIGNED 11-5-67
	22c. PHYSICIAN'S NAME (Type) MORRILL C. QUI	INNOM WE.	831 UNIV. E	BLUD. E. SILVER	Speing, Md.
230.	BURIAL CREMATION 236 DATE THEREOF REMOVAL (Specify) NOV.10, 1967	23c. NAME OF CEMETERY OR City Cemeles		23d, LOCATION (City or Jown) Whitewright	(County) (State)
24	HUNERAL DERECTOR STATES TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE	the Comes Continue	2So. REC'D BY		AR'S SIGNATURE

047.64 *2 Fall Councey - Alex lense I'V S THEOMS FLX TAKEN FAME MASHINS TON SIN MEDINE 15 ST ENHANCE the facility that were the same and the 2 11 15 FEMALE HAIRS Charles Allerantes Allerantes Allerantes

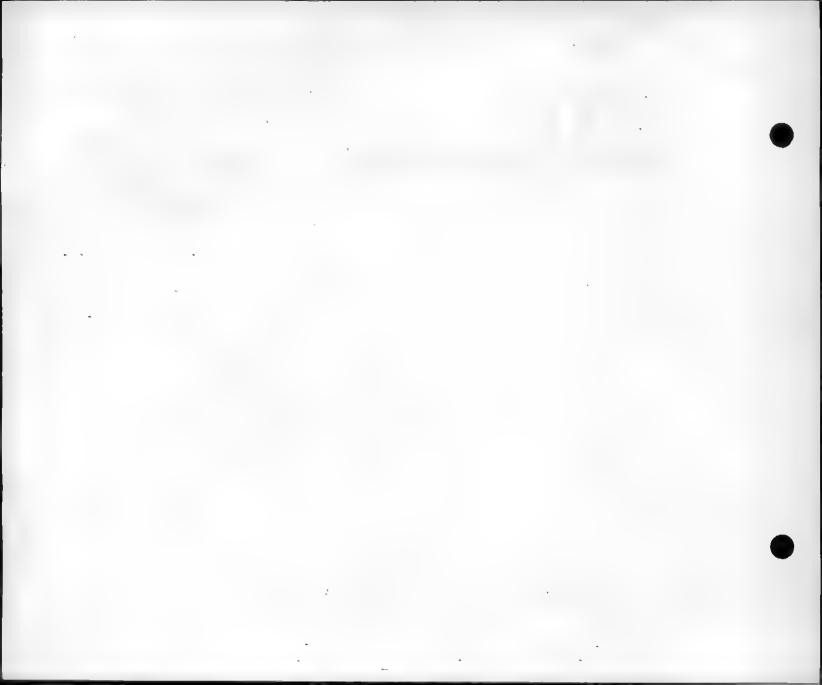
200	00		CERTIFIC	CATE	OF DEATH				
1. PLACE OF DEA	H				2. USUAL RESIDENCE (W	here deceased lived, if institut	ian: Residence	e before admir	ssien)
	Montgomery		MARYLA	AND	o, STATE West	t Virginia b. COU	HT	4	
b. CITY OR TOY	NN (If autside carparate limits, L and give nearest tawn)	,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If out	side corporate limits, write RUI	RAL and give	neorest fown)
Beth	lesda.		58 days		Clarksburg	or or		23	5-3
	SPITAL OR INSTITUTION (If not	I in hospital, g			d. STREET ADDRESS	-			ESIDENCE
The Glin	ical Center,	Bethes	da. Marvla	nd	120 Oakland	d Avenue		YES [NO X
3. NAME OF	Firs		Middle		Lost	4. DATE Mont	h	Day	Year
(Type or print)	Ar	thur	Ray		Oldaker	OF Nover	nher	3 1	19 67
S. SEX	6. COLOR OR RACE	_	NEVER MARRIED	ПВ	DATE OF BIRTH	9. AGE (In years	IF UNDER 1	YEAR IF UN	DER 24 HRS.
Male	White		DIVORCED		9 August 192	lost birthdoy) 19 yrs.	Months	Doys Haur	rs Min.
100. USUAL OCCUPA	ATION (Give kind of work done king life, even if retired)		ND OF BUSINESS OR		11. BIRTHPLACE (County 8	State, or foreign country)		ZEN OF WHAT	
Stude	ent	IN	DUSTRY		Oklahoma	9	(00	JNTRY?	SA
13. FATHER'S NAM				T	14. MOTHER'S MAIDEN N				9.5
	Robert Olda	ker			Georgi	ia Shelhammer			
IS. WAS DECEASED	DEVER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 18	NFORMANIThe Med	dical Records	ss		
(Yes, na, or unkna No	wn) (If yes give wor or dates of	service) 2.3	3-70-5969			Center, Bethes		arvlan	d
	F DEATH (Enter only one cous					Johnson , Doumon	,0.00	INTERVAL	
	DEATH WAS CAUSED BY:	Aan	iration Pne	enimoi	nia			ONSEL AND	DEATH
2043	IMMEDIATE CAUSE (0)				15		14.1101	44.2
	1.1		m Negative	Sept	ticemia			36 Hou	ırs
	diate cause (o), (, , , , ,	
iast.	Inderlying couse	-	te Myeloger	10115	Leukemia			12 Moi	nths
PART II OTHI	R SIGNIFICANT CONDITIONS CO					DITION GIVEN IN PART 1(a)		19. WAS A	
S I	LA SIGNIFICANT CONDITIONS CO	111111111111111111111111111111111111111	O DEATH OUT NOT KEEN	10 10	TE TERMINAL DISEASE CON	MILION CHEEK IN FAKT 1(0)		PERFO	RMED?
A TOTAL ACCIDENT	WAS UNDERLYING	Tank No	SCOURS HOW INSURANCE	HDDCD /	Catanana af Ini	ort I or Port II of item 18.)		YES X	NO 🗌
OR CONTRIBU	TING CAUSE OF DEATH	200. DE	SCRIBE HOW INJURY OCC	UKKEU. (enser noture of injury in r	on For Pon II of Item 18.)			
	TIFY MEDICAL EXAMINER)	204 19	JURY OCCURRED 1 2	na DIAC	E OF INJURY (Home, form,	20f. (City or town)	(Cour	Listen	(Stote)
	INJURY Manth, Doy, Year r'o.m.	While	Not While		ry, street, office bldg., etc.)	ZOI. (CITY OF TOWN)	(COU	11397	(2016)
	p.m. 19	of work			1 2	(A) 17 1	5/	F24 . F44	
21. 10	ertify that (1) (this hasp	oital) attend	led the deceased fr	ecmo	ptember 6, 1	2 67, to November 7:55 AM, from couses	3 196	I, that (A)	(we) last
		vember	3 19 67, on	id that	death accurred at_	1:30 AM, from couses			ed abave.
22o. SIGNAT	URE 10	0	7	44.0	ATTENDING	MED. STAFF		TE SIGNED	
22c. PHYSICI	nomas	0	lande	M.D		e Clinical Cer		Mation	-1
NAME (Clanc	v. M. D.		Institute	of Health, H	Rethor	da Md	7.1
220 Dilpiai Cara			23c NAME OF CEMETE	DV OD C					
230. BURIAL, CREA Burial					ark Cem.	23d. LOCATION (City or To		(County)	(Stote)
24. FUNERAL DIR		.07	ADDRESS	T E		Nutter Fo			-
PORERT		V Ba	theede N	10100	land NO	NY REGISTRAP 1967 25b. RE	Cliane	By Jud	ar.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 24-hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. Page 4 may be retained by the hospital or ottending physician.

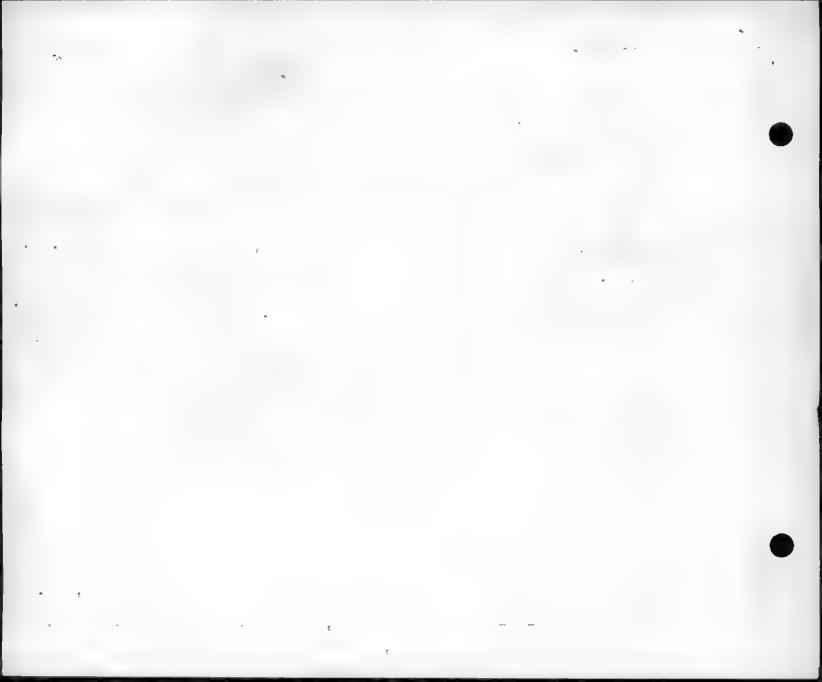
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FOR STATE		15695 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5553
HEALTH DEPT.		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, 1 institution: Reside	nce befare odmissian)
14 A 5		O. COUNTY MON + GOMERY MARYLAND O STATE MARYLAND 6. COUNTY MO	HIGEMERY
A E	-	c. LENGTH OF STAY IN 1b (C. CITY OR TOWN (If autside carporate limits, write RURAL and ar	ve neorest town)
f ony deay.		write RURAL Sorid give regrest town) DETHESOLA D.O.A. BETHESOLA	g
y 2. 9	Н	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS	e IS RESIDENCE
- v 8 0/ 7		Suburban 7008 KENHILL Rd	YES NO X
e Pages with fo	3	NAME OF First Middle Lost 4 DATE Month	Doy Year
death re Pag with he Std		Type or print) JOHN REAGAN OVERMAN DEATH NOV	7 1967
after of Section of Se	S.	SEY A COLOR OF PACE 7 MARRIED MARRIED TO PROTECT PROTECT OF SIRTE	TYEAR IF UNDER 24 HRS
		M WIDOWED DIVORCED 12-29-21 4 Jose birthdoy) Months	Doys Hours Min.
haurs a Item 18. Office al and 2 w r death.	100	USLAL OCCLPATION (G ve kind of work done 10b. KIND OF BLS NESS OR 11 BIRTHPLACE (State or fare gn country) 12. (ITIZEN OF WHAT
24 h in Ita s o s lc	Grat		OUNTRY? U. S.
in 2	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth	
d be executed within 24 haurs in pending in Item 18 Chief Medical Examiners Office of transit permit. File pages land 2 weent within 72 haurs after death		I. J. Overman BESSIE M SEEGAR	
in I Ex I	15	WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT WIFE Address	as Item 2.
d be executed a "pending" in Chief Medical E ransit permit. Fransit within 72	100	s, no, or unknown) (f yes g've wor or do'es of serv ce) Yes WW II Natalie M. Overman Same	as Item 2.
md'i Mer With		18 CAUSE OF DEATH (Enter only one couse pe. 11 - 25 - 2 (b) and (c))	NTERVAL BETWEEN
shauld be e ne ward "per a the Chief I burial-transit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute Myocardial infarction	ONHOUTS H
vard ward the Cr rial-tra		DUE TO Company Automica Tomasia	
shaul e war a the ourial-		Conditions, if ony, which gove (b) Coronary Arteriosclerosis	years
		stating the underlying couse DUF TO	
tificate iting the arded to d as a b		kast (c)	
This certificate icate, writing the farwarded is be used as a remayal, and i	8	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBLENG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	19 WAS ALTOPSY PERFORMED?
This icate, be fa	1		YES 🔀 NO 🗆
certificate, certificate, and be fit es. hould be n, ar remo	CERTIF CATION	206 DESCR BE MOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY or CONTRIBUTING	
certification of the control of the	100	CAUSE OF DEATH	
MINER the cert 4 shau ur files. e 3 shot natian, c	MEDICAL		ounly) (Stote)
EXAMINER tute the cer age 4 shar r your files: Page 3 sho crematian,	2	p.m. 19 at work U	
Pa Pa For JR: H		21. I certify that I taak charge of the remains described above, held an Autopsy 🗷, Inspection 🗷, Inquiry 🔼,	
se exercitor. Protocolor. Protocolor. Protocolor. Protocolor. Protocolor. Purity.		death resulted from: Natural causes 🔀, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🕻	
		ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE EXAMINER'S ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	14.7
PUT Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sarry Sa		EXAMINER'S NAME (Type) JOHN G. BALL DEPUTY MEDICAL EXAMINER (X) Address (Street, city, town, or county) Bethes	de. Md.
TO DEPUTY necessary, p the funeral 5 may be re 10 FUNERAL Health prior	230	BUR AL, CREMAT ON, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
5 = + ~ 5 =	P	DCHOVAL (Constitution of the Constitution of t	Penna.
	24	FUNERAL DIRECTOR ADDRESS 256 REC'D RY REGISTRAR 256 REGISTRAR'S	SIGNATURE
VR A15ME (5)	I E	OBERT A. PUMPHREY, Bethesda, Maryland 12 1967 Clien	eles moss



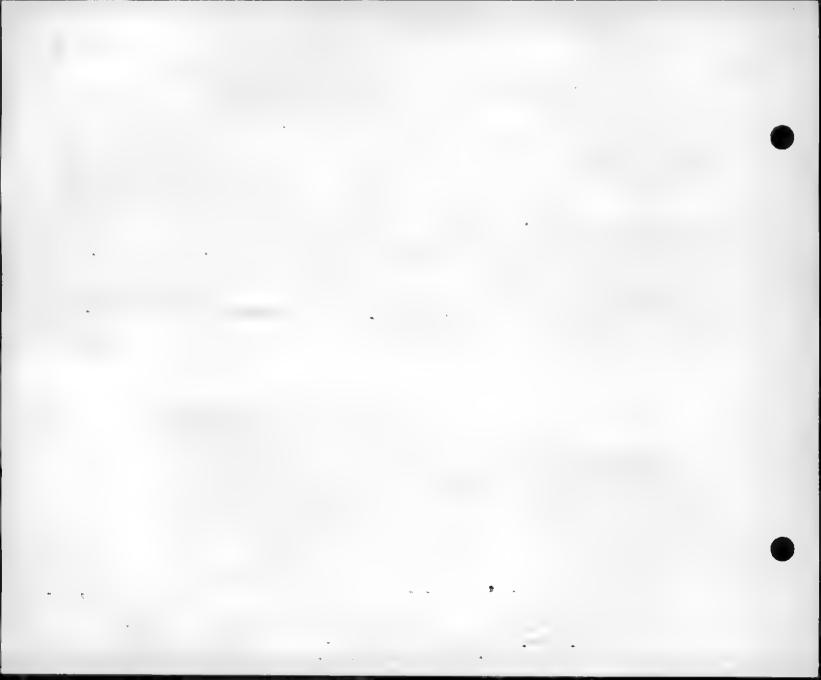
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15694

	CEKTIFICATE	UF DEATH	2003#
1	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institut o. STATE b. COUN	
H	MONTHOMERY COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town)	Maryland c CITY OR TOWN (If outside corporate limits, write RUR	At and give nearest town)
L	d. NAME OF HOSPITAL OR INSTITUTION (14 not in hospital, give street address)	Hyattsville	e 15 RES DENCE
	University Nursing Home	2016_Oolethores_Street-	ON A FARM? YES NO
3	NAME OF First Middle DECEASED CONTROL OF THE PROPERTY OF THE	Lost 4. DATE Month	
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years lost birthday)	IF JNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
100	WIDOWED DIVORCED XX S USUAL OCCUPATION (Give kind of work done ing most of working life, eyen if retired) NDUSTRY	1/30/1893 74 Yrs 11 BIRTHPLACE (County & Stote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Ц.	Practical Nurse Nursing	Worcester, Mass.	U.S.A.
15. (Yi	18 CAUSE OF DEATH (Enter only one couse per lane for (o), (b), and (c)) PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions of any which area.	Nettie Jane White INFORMANT Scilla Nakamura Kensingt Ell Sascome.	wey Road on, Road Sonset and Death
	to the underlying couse (b) storing the underlying couse (c) (c)		
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of Item 18.)	
MEDICAL	20k T ME OF INJURY Month, Day, Year 20d INJURY DCCJRRED 20e PLA Hour o.m. 19 While of work of work of work 200 of	CC OF INJURY (Home, farm 20f (City or town) tory, street, office bldg., etc.)	(County) (State)
	21. I certify that (1) (this haspital) attended the deceased fram 15 192, and that		, 19 <mark>67, that (t) (we) la</mark> and an the date stated abav
	220. SIGNATURE 220. PHYSICIANS 200. PHYSICIANS MI	D ATTENDING MED STAFF D PHYS DIRECTOR PHYS D	226 PAJES GNED
	NAME (Type) Myron L. Linkin M.D.	2309 Shorefield Road	Wheaton, Md.
23	BURIA, (REMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR SEMOVA. (Specify) Wov. 9, 1967 Central Cem		
Wo	2015 C. Glen Carter 8434 Peorgia Hu	250 RECD BY REGISTRAR 256 REC	STRARS SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death curtificate be executed within 24 havrs after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this cert feate has been signed by the attending physician and campletely filled its director, page 3 should be detached for use as the burial-transit permit. Then please remove carbar pagers, should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, withing 72 h. VR A15 (4) 25M 1/67



Joseph Gawler's Sons, Washington, D.C.

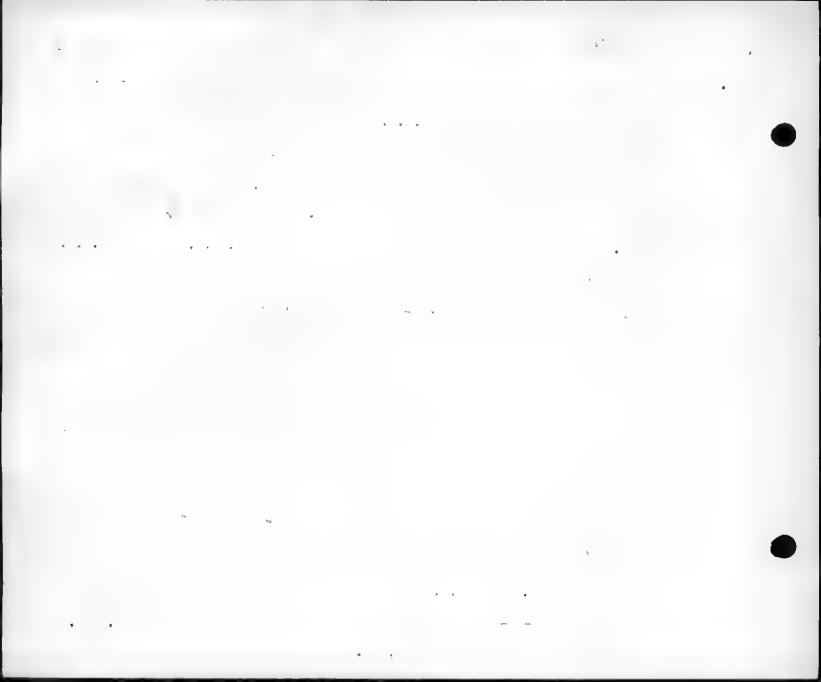
196

DATE DEC

VR A15 (4) 2DM 1/65



	Items 18&21 Film 396 MARYLAND STATE DE 12-18-67 amspivision of vital records, 301 W. Presi	PARTMENT OF HEALTH TON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	A 20 TO 14 A	CERTIFICATE OF DEATH	15696
HEALTH DERI	PLACE OF DEATH COUNTY Montgomery Maryland	2 USUAL RESIDENCE (Where deceosed lived if institution of STATE Maryland b. COUNT	
# 33 g g	b CTY OR TOWN (If outside corporate mits, write RURAL and give nearest town) Olney D.O.A.	c CITY OR TOWN (If buts de carporate limits, write RURA Brookeville d STREET ADDRESS	/ /
L-IE a	d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) Montgomery General Hospital 3. NAME OF First Middle	RFD#I, Box LD	e IS RESIDENCE ON A FARM? YES NO X
hours ofter death I Item 18. Give Pages Office along with for land 2 with the State	OFFICE SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED	PACK, Jr. OF DEATH NOVEL 8 DATE OF BIRTH 9 AGE (In years	/-
aurs af m 18. I fice alo nd 2 wit Jeath	Male White WIDOWED DIVORCED	Feb. 23, 1916 5/ ost burbicov) 11 BIRTHPLACE (Stote or foreign country)	Months Days Hours Min 12 CITIZEN OF WHAT
hin 24 haurs nail in Item 18 niner's Office i pages land 2 v us affer death	durso most of working life, even if ret red) Migrs. Representative UPCO 13. FATHER'S NAME	Washington, D.C.	(94.BY?A.
d within 24 in pencil in Examiner's File pag∉s ?2 haurs affe		Fannie Burton INFORMANT Addres	s ,
ld be executed within 24 haurs of the standing. In pencil in Item 18 Chief Medica Examiner's Office of transit permit. File pagas land 2 weepent within 72 haurs after death	Yes, no, or Jinknown) [If yes give wor or dotes of service] 578–01–0980 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	Medical Records	INTERVAL BETWEEN
shauld be executed ne ward "pending" is the Chief Medica burial-transit permit.	THE REPORT OF THE TO	ry insufficiency	ONSET AND DEATH
	Conditions, if only, which gove rise to immediate cause (o), storing the underlying cause lost. Coronary art DUE TO	ery heart disease	
: This certificate, writing Id be farward and be used a or remayal, a	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NA. DISEASE CONDITION G VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES X NO
		D (Enter noture of injury in Port or Port 1 of stem 18)	
	p.m. 17 of wark 🗀 of work	tACE OF NIURY (Home, form, actory, street, office bldg., etc.)	(County) (State)
AL Fare Printed, midd,	21 I certify that I took charge of the remains described above death resulted from. Natural causes . Ascident . So	uicide 🔲, Hamicide 🔲, Undetermined ma	
JTY MEDICA ry, please ereral director. be retained RAL DIRECTO	ACTUAL SIGNATURE Delden / Cap	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTE MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type) Belden R. Reap, M.D. 230 BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OF	Warfrest en own, or county) / O	(County) (State)
FAR	Burial 11-29-67 Woodside 24 FUNERA. DIRECTOR ADDRESS	250 REC'D BY REG STRAR 256 REG	
VR A15ME(5)	Francis H. Barber Laytonsville, Md.	DANOV 2 9 1967	ciarles Judge.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	5702. DIVISION OF VIII.	AL RECORDS, 301 W. PRESIC		JKE, MAKTLAND 21201	15000
	LUEUW.	CERTIFICATE	OF DEATH		20004
1.	PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institution	an Residence befare admission)
	b. CITY OR TOWN (If outside corporate limit).	244000 1410	o STATE	P COUN	TY
	FION I GOMERY	MARYLAND	1/12)		ONTGOMERY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give magrest lawn)	c. LENGTH OF STAY IN 15	C CITY OK TOWN (IT OU	rtside corparate limits, write RUR	AL and give nearest town?
-	TAKOMA PARK	16 DAYS	SILVER	SPRING	, "
	d NAME OF HOSPITAL OR INSTITUTION (If not in hasp		d STREET ADDRESS		e IS RES DENCE
	WASHINGTON SANITARI	um + HOSPITAL	93,4 6	NIRE AVE.	ON A FARM? YES NO
3	NAME OF Eirst	Middle	Last	4 DATE Month	Day Year
	DECEASED (Type or pnnt) FRANCES	ADELAIDE	PARKER	OF Novem	
S	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last birthdoy)	IF UNDER YEAR IF UNDER 24 HRS Months Doys Hours Min.
	P (Inter-		JUNE 13,18	/8 79 Yrs.	
100	O USUAL OCCUPATION (Give kind of work done I may be most of working life, even if retired)	DE KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Silite, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
dui	HOUSEWIFE	INDG3TKT	CANA	+D.A.	AMERICA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I		1
F	REDERICK P. SMITH		~ ~		YLOR
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Addres	25
(Y	es, no, or unknawn) (If yes give war ar dates af service)	6	GRDON S. (FA	PKER-SON-S	SILVED SPRING MA
_	1B. CAUSE OF DEATH (Enter only one couse per Ju		01(1070 5,177	37,77	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY)			ONSET AND DEATH
	IMMEDIATE CAUSE (o)	mumo mu			
	1412X DUE TO				
	Conditions, flany, which gave) (b)				
	rise to immediate cause (a), [Dife to				
	siding the oliderlying coose				
	last. (c)				
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED?
5	Previous C.11. A.	- Itila // 1	elter W	16/101/2 Ky	YES NO NO
3		1 1 1 1 1 1 1	in o	100000	CHOICE 100 D
RT	20g ACC DENT WAS UNDERLYING 2	OF DESCRIBE HOW WILLY SCHURRED	(three nature of injury in	Port I of Port IV In Item 18.1	-
Ξ.	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	I, Il the	Home 1	en 10 -214	-67
₹		20d NJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, form	1, 20f (City ar town)	(Caunty) (State)
MEDICAL CERT FICATION	Hour a.m	White Nat While of work of work	tory, street, affice bldg., etc.)	Sluin Spri	a Ward Ma
	2) I certify that (1) (this hospital) a			9 67-10 /1/-12	1 /19 6 What (1) (we) las
	saw the deceased alive an		t death accurred at	10 3 PM, fram causes of	and an the date stated above
	226 SIGNATURE		*TTC+ID-IA-IO	MCD CTACE	22b DATE SIGNED
	Janew. m of Co	but MI		DIRECTOR PHYS	16-13-67
	PHYSICANS NAME (Type) TIL MC (6)		22d. ADDRESS		CC Mail
	NAME (Type)	22/12 MD	1400)	prins of	3,3,100.
230	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY /	23d, LOCATION (City or Tay	vn) (Caupty) (State)
	GREMOVAL (Specify) 11/16/67	ARLINGTON	4 9		4 /
2.	4. FUNERAL DIRECTOR	ADDRESS			GISTRAR S SIGNATURE
2.	166	1 7 10	asu. 1		34 ° C 0
1	Huselpti laulenska	ons tue. Di	DATE IN	NOV 2 0 1967	VI in Judge

in Judge

director, page 3 snould be detached for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept of Health prior to burial, cremotion, ar removal, and in any event, within 72 in the following the context of the following th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely directar, page 3 should be detached far use as the burial-transit permit. Then please remove carbart Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

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by the funeral

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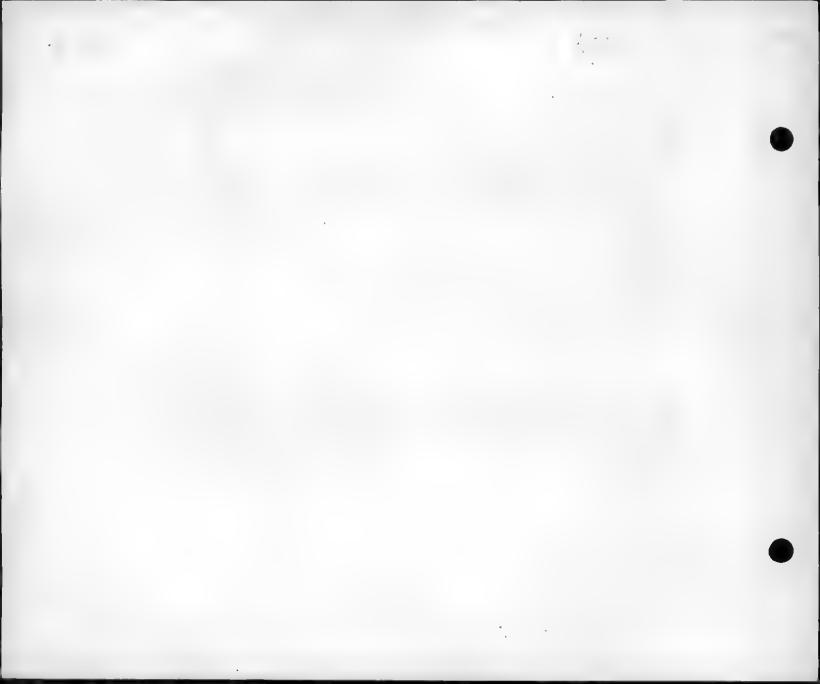
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

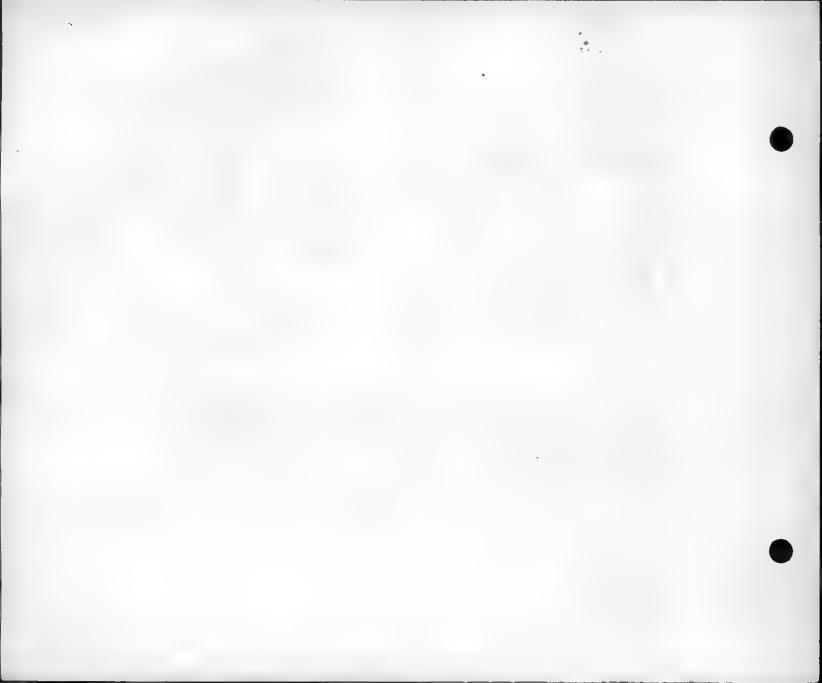


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF 15798 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b COUNTY b. CITY OR TOWN (If autside arparate limits, write RURAL and give negrest town) MARYLAND Montgomery c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fown) 39 claus e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) No IX NAME OF DECEASED OF DEATH Nov. Type or print) Yarsons O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most pt working life, even if retired)

Refired school feacher 10b, KIND OF BUSINESS OR BIRMPLACE (County & State, or fareign country) 12. C TIZEN OF WHAT COUNTRY? INDUSTRY and Canada 13. FATHER'S NAME Elizabeth Moures IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) W.5,H INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH massive. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFOR MED? NO 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury to Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) factory, street, affice bldg, etc.) HOUR O'M Not While ot work 21. I certify that (1) (this hospital) attended the deceased fram Jon 65, 19 67, that (1) (we) last saw the deceased alive an Nov 19 19 67, and that death accurred at 220 fM, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 22o. SIGNATURE 22b DATE SIGNED directar, page 3 should be filed a DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 130. BURIAL CREMATION, MAME OF CEMETERY OR CREMATORY 23b REMOVAL (Specify) VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15559 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before paraission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND MUTTGOMEN. b. CITY Of TOWN (If o rside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) e, IS RESIDENCI d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? requires that the death certificate be executed within 24 NO ID NAME OF Year DATE DECEASED DEATH (Type or print) IF UNDER 1 YEAR 9. AGE (In years S. SEX 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy) Months Hours WIDOWED DIVORCED 11-30-05 and 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) ADMINISTICATIVE direct KUASHINGTON D.C 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, gr unknown) (If yes give wor or dotes of service) 300 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ò DUE TO signed burial-ti Conditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying couse peen as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN-PART 1(0) 19 WAS AUTOPSY has PERFORMED? Health 1 this certificate 200 ACC DENT WAS UNDER YING 172 206, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Portal for Port II of item 18) OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAM NER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Caunty) (Stote) 20c TIME OF INJRY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While TO FUNERAL DIRECTOR: After 21 | certify that((1) Ythis haspital) attended the deceased fram b≡ retain≡d 8 - 1967, and that death accurred at 12:40 PM, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE M.D DIRECTOR director, page 3 22d ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (County) 230 BURIAL CREMATION. 23b DATE THEREOF (Cile or Town) REMOVAL (Specify) VR A15 (4) 25M 1/67



MARYLAND LENGTH OF STAY IN 16

arve street address)

Middle

CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

d. STREET ADDRESS

15760

e IS RESIDENCI ON A FARM? NO K

Year

IF LINDER 24 HRS

Hours

Item 2.

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED? YES 📉

NO

(State)

(State)

Davs

2 USUAL RESIDENCE (Where deceased lived, if institution: Regidence before admission)

CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

4. DATE

b. COUNTY

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	be retained by the hospital or attending physician.	be retained by the hospital or attending physician. **NIRECTOR: After this certificate has been signed by the omending physician on tompletely fulfied in by the fine of the contract of the	isician. ed by the offending physician on completely filled in the pages iol-transit permit. Then please remove corbon papers Pages

15705

I. PLACE OF DEATHY

a. COUNTY 6

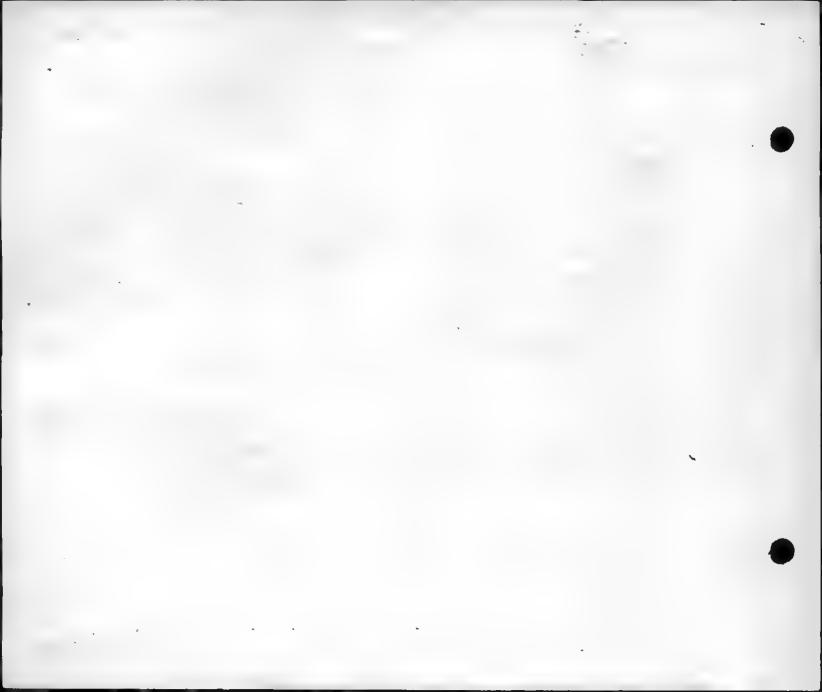
NAME OF

deta TO FUNERAL DIRECTOR: After this be retoined by should director, poge 3

DECEASED RAN (Type or pnnt) DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Months WIDOWED VZ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most afworking life, even if retired)
Housewife INDUSTRY 13 FATHER & NAME SOCIAL SECURITY NO 17. INFORMANT Daughter Same (Yes, hover unk pown) (If yes give war ar dates of service) Unknown Lottic Goldsborough 18. CAUSE OF DEATH (Enter only one cause per lute for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City or town) (County) Hour Ta.m. Not While of work factory, street, affice bldg .etc.) 21. I certify that (i) (this haspital) attended the deceased fram 11-20 19_67, that (I) (we) last -28saw the deceased alive an and that death accurred at Xa M, fram causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED M.D DIRECTOR PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23d LOCATION (City or Town) 23b. DATE THEREOF Burial (Specify) St. Mary's Cath. Cem. Rockville, Maryland 25g. REC'D BY REGISTRAR Bethesda, Maryland

VR A15 (4) 25M 1/67

TO MUSPITAL



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #25 Film #0305 12/1/67 DEATH 15761 within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY Montgomery Maryland P MARYLAND c LENGTH OF STAY IN 1b b CITY OR TOWN (If autside carporote limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 6 years Mt. Airv d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? sbury Methodist Home for the Aged, Inc. NO X 3. NAME OF Last 4. DATE Month (Type or print) OF DEATH Iula May Pickett Nov complete B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED birthday) Days Dec. 24, 1871 WIDOWED (X) DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT physicion (ien please during most of warking life, even if retired) INDUSTRY COUNTRY?A. Carroll County, Maryland requires that the death certificate housewife 13. FATHER'S NAM 14 MOTHER'S MAIDEN NAME signed by the offending physi buriol-tronsit permit. Then pl burial, cremotion, or removol, Joseph James Brandenburg Mary Jane Dronenburg 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service) 218-54-7947-1 Asbury Methodist Home, Gaithersburg, Md. 18. CAUSE OF DEATH (Enter on y one cause per line for (A), (b), PART I DEATH WAS CAUSED BY and (c) INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION G VEN IN PART I(0) WAS AUTOPS' PERFORMED? NO 20a ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, affice bldg., etc.) at wark director, page 3 should be d 21. I certify that (I) (this besental) attended the deceosed from and that death occurred a 245 P.M. fram causes and an the date stated above. saw the deceased alive on... 22a. SIGNATURE 22b. DATE SIGNED MED DIRECTOR 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 230. BURIAL CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (State) REMOVAL (Specify) Woodbine 11-28-67 Morgan Chapel 24. FUNERAL DIRECTOR Gartner's Funeral HAPPRESS 316 C. D. amond Ne 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR ATH (4 25M 1/67 Milconin DATE AT

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SANDISON

MARYLAND STATE DEPARTMENT OF HEALTH



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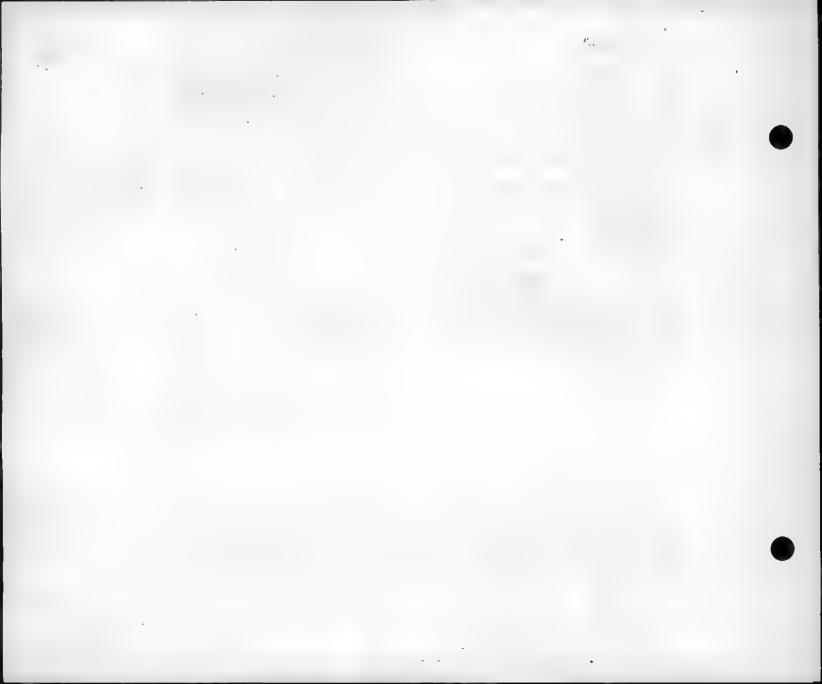
CERTIFICATE OF DEATH

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4,	O.	7	O	2

		W. C. A. O. B.	OI DEATH	10162
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution R	Residence before admirssion)
/	C	COUNTY MONTGOMERY MARYLAND	a STATE D. COUNTY	
	Ŀ	CITY OR TOWN (If outside corporate I mits, VENGTH OF STAY IN 1b write RELIGITH or STAY IN 1b	c. CITY OR TOWN (If autside carparate imits, write RURAL o	nd give nearest town)
		Write rethen an argent nearest town a 60045	n.w. Mashingt	022 7
	d	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
1		Suburban V	5331 42nd ST.	AEZ NO
		NAME OF DECEASED First DECEASED Type or pont) FRECERICK FROST /13	eccon death Month	Volay. Year
	S. 5	WIDOWED X DIVORCED		UNDER 1 YEAR IF UNDER 24 HRS Inths Days Hours Min
	10a dury	USDAN OCCUPATION (Give kind of work done lob K ND OF BUSINESS OR NEW MORKING life even if reprody NOUSTRY PROJECTION OF THE NEW MORKING LIFE PROJECTION OF T		12 CITIZEN OF WHAT
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	α
		Unknown	Unknown	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1. 18. SOCIAL SECURITY NO. 17. 1. 18. SOCIAL SECURITY NO. 19. OF CONTROL OF CONT	NFORMANT (Pierdon533) Address 4	Lang. BI.
	\rightarrow	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	11111 - 1V.W. W.	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Bronchogenic carci	noma	ONSET AND DEATH
		DUE TO	a & State A Table	
		Canditions, if any, which gave) (b)		
		rise to immediate cause (a), Stating the underlying cause DUE TO		
- 1		lost. (c)		
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS ALTOPSY
1	ATIO	Papillary carcinoma, Urinary Bladder		PERFORMED?
	CERTIFICATION		(Enter nature of injury in Part or Part II af Item 1B)	
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLAC	CE OF INJURY (Hame, farm, 20f (City or fawn)	(County) (State)
	MEE	Haur o.m. 19 While Not While of wark of wark	ary, street, office bldg., etc.)	
		21. I certify that (I) (this haspital) attended the deceased from	Oct 30, 1967, 10 NOV, 8	, 19 <u>6</u> 7, that (I) (we) last
			death accurred at 65%, M, fram causes and	
		220. SIGNATURE Les W. Cuitto M.D.	ATTENDING MED STAFF	226 DATE SIGNED NOV. 8, 1967
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	23a	BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR C		(County) (State)
	-	Burial 11-11-1907 Congressional		
	Jo	FUNERAL DIRECTOR ADDRESS ABORESS ADDRESS	NOV 1 3 1967 97	HONE JUSTE
- 1	57	30 Wine Ave NW Wash DC	DATE	The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in director, page 3 shauld be detached far use as the bural-transit permit. Then please remave carban papers should be filed with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72.15. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

the funeral and 2 affer death.

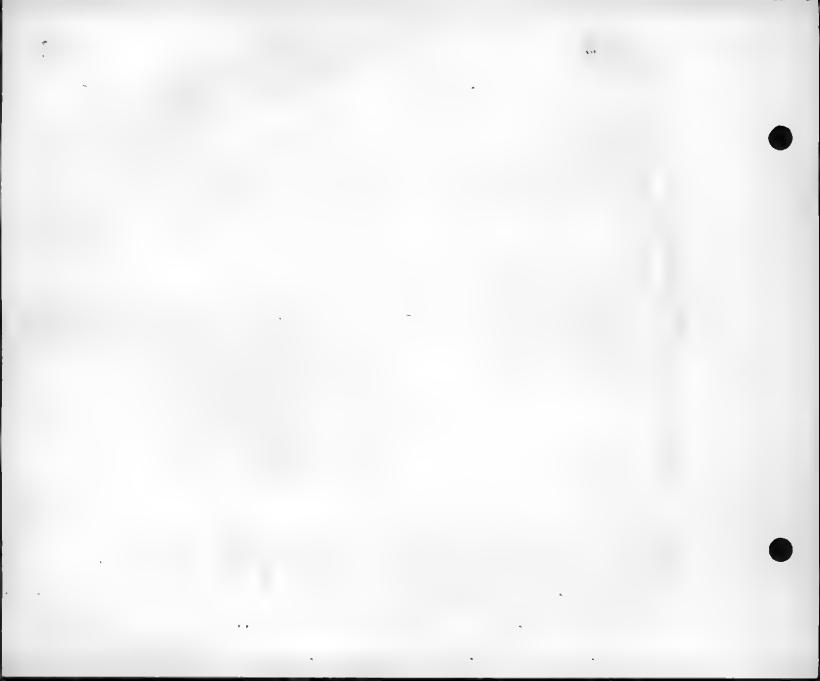


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

10109	CERTIFIC	AIE OF DEATH	79703
1. PLACE OF DEATH o. COUNTY	LONTGOMERY MARYLAN		OUNTY 1 1350 (2001)
b. CITY OR TOWN (If or	otside corporate limits, c. LENGTH OF STAY IN II	The state of the s	
d NAME OF HOSPITAL C	OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE DN A FARM?
置き けんし	CLOSS HOSPITAL	8714-23 HU	E NO D
3 NAME OF DECEASED (Type or print)	CHESTER Middle	Lost 4. DATE OF DEATH	North Day Year // - 19 19 6 7
3 NAME OF DECEASED (Type or print) S SEX 6.	COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED D	8. DATE OF BIRTH. 9. ACF (In year lost birthday) Months Days Hours Min
3 NAME OF DECEASED (Type or print) 5 SEX 6. 100 USUAL OCCUPATION (Gr during most of working life)	ve kind of work done 10b KIND OF BUSINESS OR	11 SIRTHPLACE (County & State, or fareign country)	12 CITIZEN OF WHAT
13. FATHER'S NAME	WORKER PLANNER) NAUY L	14 MOTHER'S MAIDEN NAME!	USA
Walter P	lachta	Anna Growny	
E E P (Les No Stinuknowu) (It A	U.S. ARMED FORCES? res give wor or dotes of service) (I(I) 1 134-12-6827	17. INFORMANT 8714 A 4 delp	hi, Var Land
18. CAUSE OF DEATH PART I. DEATH V	(Enter only one couse per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
# T .	DUE TO POLICE		4 m cs.
atation the condensus	ouse (o), (pur ro	am cell sarconia	7 44 65
BART II OTHER CICALI	(c)	N TO THE TEDMINAL OUTLACE COMPLETON CORES IN DADY 11.	19 WAS AUTOPSY
stoting the underlyingst. Health print to the Realth print to the	FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALL	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	PERFORMED? YES NO [
E DO NE EITHER MOTIEV MEN	AUSE OF DEATH	RRED (Enter nature of injury in Part I ar Part II of item 18)
	Month, Doy, Yeor 2Dd INJURY OCCURRED 2D While Not While of work at work	e, PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.)) (County) (State)
21. I certify to saw the dece	that (1) (this hospital) attended the deceased fra	m Aug 1967, ta 11/0 I that death occurred at 4! IOHM, from caus	es and an the date stated abave
220 SIGNATURE	G. Leward Gold	M.D. PHYS DIRECTOR PHYS.	22b. DATE SIGNED
DECTOR SOLVE TO STAND THE	9. Leonard Gold	9801 Georgia Avenue	
230 BJRIAL, CREMATION,			
E 是是 REMOVAL (Specify)	Nov. 22, 1967 Baltimo		e. Maryland (Stote)

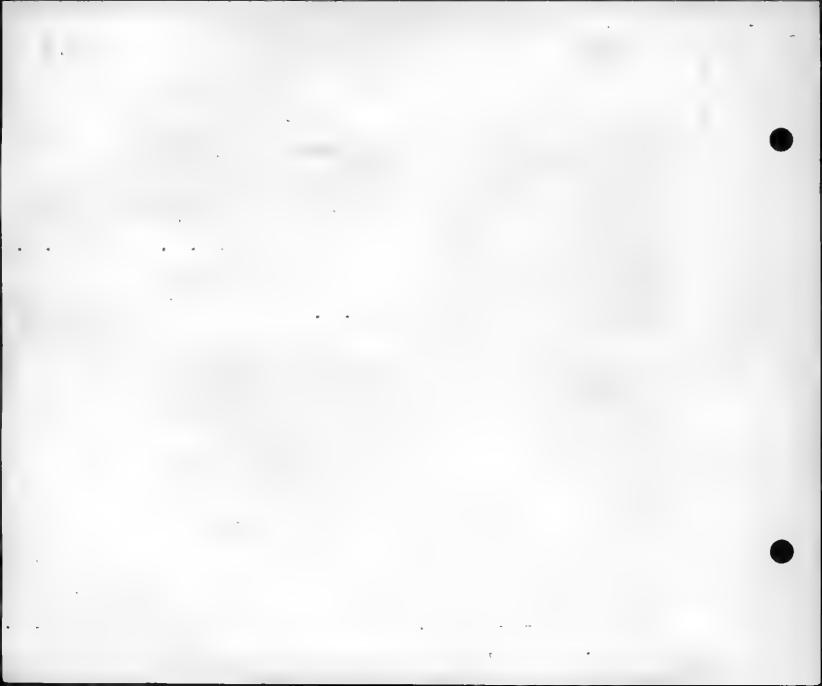


15704 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Monta omere o STATE MOS. b. COUNTY Montgomer MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) Darthersburg 1 mis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 5510 Lincoln Street done ursine YES NO L NAME OF Middle 4. DATE Month DECEASED 001 19 67 BOSWELL (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Months Male WIDOWED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Washington, D. C. S. Meat Cutter Retired 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME Lawson Poole Elizabeth Boswell 6013AdBerkshire Drive 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Nephew (Yes, no, or unknown) (If yes give wor or dotes of service) 577-05-1970 Bethesda, Maryland R. Poole 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ardiac IMMEDIATE CAUSE (a) DUE TO rescheration Condisoresculor Disoresc Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) Viscont NO 🔀 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this hospital) attended the deceased from 10-26 - , 19 67, to 11-25-67, 19 , thot (1) (we) last saw the deceased olive an 11-23 - 1967, and that death accurred at 7:54M, from causes and on the date stated above. 22b. DATE SIGNED MED DIRECTOR 11-25-67 Millen O.M .22d. ADDRESS 22c. PHYSICIAN'S N. Froderick Ave 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL CREMATION. Burial (Specify) Ft. Lincoln Gemetery 11-27-67 Prince George County. Md. 250 REC'D BY REGISTRAR 1967 Sb OATE DEC 4 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland

directar, page shauld be filed VR A15 (4) 25M 1/67

TO HOSPITAL TO FUNERAL

requires that the death certificate be executed within 24 hours after death

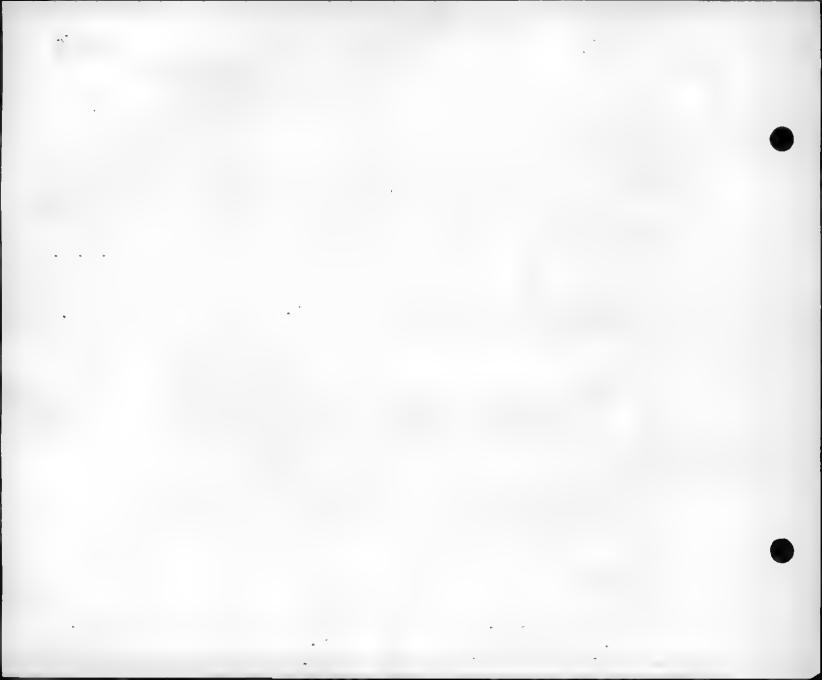


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					CERTIFIC	Alt	OF DEATH		-T 4	1100
		PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceased lived, if instit	utian: Residen	ce befare admissian)
		a. COUNTY	MONTGO	MER	MARYLA MARYLA	ND	a. STATE	1D b. co	LINTY	MONTGONZEY
	1	b. CITY OR TOWN (If outside corporate limit	5,	c. LENGTH OF STAY IN	lb	c. CITY DR TOWN (If au	tside carparate limits, write R		
		Write KUKAL die	give nearest tawn)	1/-	5 days		SILU	IFR SPRI	NG	* *
		d. NAME OF HOSPIT	AL OR INSTITUTION (II no	at in haspital, g	give street address)		d. STREET ADDRESS	010 07701	1	e IS RESIDENCE
~		<i>t</i>		055	HOSPITAL	_	10109	BRUNETT	HUZ	E VES NO
		NAME OF DECEASED	Fi	rst	Middle		D Lost	4. DATE Mo	nth	Day Year
		(Type or pnnt)	HILD.	A	S.		10 WELL	DEATH	//	19 1967
	S :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years lqst birthdoy)	Months 1	Davs Haurs Min.
		F	W	WIDOWED	A-7		10/5/93	72 YIS		Odys (Nodes Mail.
	100.	. USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUSINESS OR		11 BIRTHPLACE/(County	& State, or fareign country)		TIZEN OF WHAT UNTRY?
	duri	ing most of working	ewite	O _m	DUSTRY		Jexas		4.1	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	TAME	-	
			Reur	rolds			Katherii	re Rolls		
	15.	WAS OECEASED EVE	PINITS ARMED FORCESS	1 16	SOCIAL SECURITY NO.	17 [NFORMANT	LOLOO ME	Winott	Avenue
	(Te	s, no, or unknown)	(If yes give war ar dotes o	of service) ye	1	E 21	nest 9. Kie	ffer Silver	Spring	19d.
		1B. CAUSE OF D	EATH (Enter only one cau	use per line for	(a), (b), and (c).)					INTERVAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY.	MAS	SIVE GAST	TRO	-INTESTINA	L HEMORRA	HACE	ONSET AND DEATH
		, , , , ,	DUE						7.0	
		Conditions, if ony		(b) RU	PTURED	E	SOPHAGEA	L VARICES	3	6 HRS
		rise to immedial stating the unde								10.
		kast.	, ,	(c) PC	PRTAL C	IR	RH0515 C	OF LIVER		10+ YEARS
	=:	PART II DTHER SI	GNIFICANT CONDITIONS	DNTRIBUTING 1	TO DEATH BUT NOT RELATE	D 10 1	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED?
	CERTIFICATION		CONGES	TIVE	HEART	F	AILURE			YES NO
	H	20a. ACCIDENT WA		20b. DE	SCRIBE HOW INJURY OCCU	RRED.	(Enter nature of injury in	Part I ar Part II of item 18.)		
			CAUSE OF DEATH MEDICAL EXAM, NER)							
	MEDICAL	20c. TIME OF INJ	JRY Manth, Day, Year				CE OF INJURY (Home, farm		(Cor	unty) (State)
	鼍	Hour o.i	16	White of worl	k A at While A	facto	ary, street, affice bldg., etc)			
		21. I certi	fy that (i) (this has	pital) attend	ded the deceased fro	m/	MAY 1	960, to NOV 1	9 , 196	7, that (I) 4me last
		saw the d	eceased alive an 🗘	40V 19	919 <i>6</i> 7, an	d that	death accurred at	(SDP M, fram cause	and an th	ne date stated above.
		22a SIGNATURE	20	D			ATTENDING 100	MED STAFF		ATE SIGNED
1		Gell	von Ce.	Dee	man	M D	PHYS	DIRECTOR L PHYS L		V 19, 1967
ı		22c. PHYSICIAN'S NAME (Type	EDWAR	DA.	BEEMA	LK/		DIS SPRIM		
								ILVER SPRI		
	230	BURIAL, CREMATIC REMOVAC (Specify	A A		23c NAME OF CEMETE			23d. LOCATION (City or		(County) (State)
	1/2	TOUR OF THE PROPERTY OF	.,000				orial Park,			
	24	SUNERAL PIRECTO	バスリかペイン ニー・レノフベ	Huena	843 ADDRESS OTG	ia	ZSa. RECT		REGISTRAR'S S	
	177	arner E.	Pumphrey.		Silver Son		MA DATE NO) V 2 2 1937	1	W

Silver Spring Ald

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, goge 3 should be detached for use as the burial-tramsit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any evemt, within 72 h Page 4 may be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67



MEDICAL

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICANEXAMINER) 20c TIME OF INJURY Month Haur 'a.m

20d INJURY OCCURRED While Nat While

factory, street, affice bldg., etc.)

ADDRESS

20e NACE OF INJURY (Hame, farm,

(City or town)

((ounty) (State)

15706

Day

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

e IS RESIDENCE ON A FARM?

YES NO V

Year

1967

IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO K

(State)

21. I certify that (I) (this haspital) attended the deceased fram. 1967 that (1) (we) last 1962, and that death accurred at 444 saw the deceased alive an More 11 from causes and an the date stated above. 22a. SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS M.D. DIRECTOR PHYS

23a.

24.

22c. PHYSICIAN'S

NAME (Type)

BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY

(County)

25b. REGISTRAR S

director, page 3 shauld be filed a

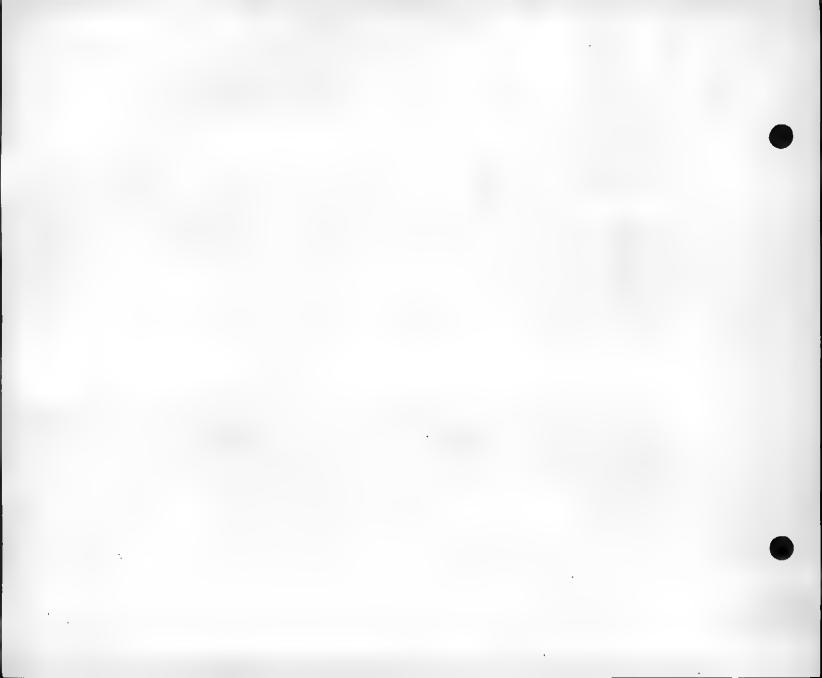
VR A15 (4) 25M 1/67

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

ATTENDING

Atter

TO FUNERAL DIRECTOR:



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		F .	17	- 5	7	
10 1 1 W	- 2	v.	46	2	60	
				_		

FOR STATE HEALTH DEPT.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Town

necessory, please execute the certificate, writing the word

5 moy be retained for your files.

VR A15ME (3)

TO "INFERAL MIRECTOR: Page 3 should be used as a burrol-transit permit. Fle pages land 2 with the Heo th prior to burial, cremot an or removal, and in any event within 72 hours ofter death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death it

any delay

in pencil in Item 18 Give Poges

"pending"

Stote Deportment of

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I PLACE OF DEATH D COUNTY	2 USUAL RESIDENCE (Where deceased lived it institution Residence before admission) o STATE 70.					
MARYLAND	11:a. Mortgomery					
b CITY OR TOWN (If outside corporate limits LENGTH OF STAY IN 16 write RURAL and give nearest town)	c CITY OR TOWN (If autside carparate limits, write RURA, and give a srest town)					
BETHESda John	in the fire					
d NAME OF HOSPITA. OR INSTITUTION (I not in hospito give street oddress)	d STREET ADDRESS e IS RES DENCE ON A FARM?					
SubuRban.	5108 Saratoja aus NW YES NO 1					
3. NAME OF First Middle	Last 4 DATE Month Day Year					
(Type or print) Thances (takes)	POATE OF RIGHT 9 AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS					
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED D. VORCED D. VORCED D.	STATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR F UNDER 24 FRS ost birthdoy) Months Doys Hours Min yrs					
10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11 BIRTHPLACE (Stote or foreign country) 12 CIT ZEN OF WHAT					
during most of working life, even if retired INDUSTRY	maybed COUNTRY? 454					
13 FATHERS NAME	4 MOTHER'S MAIDEN NAME					
Charles arthur Figles	marie Slockthie					
15 WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	INFORMANT Mother Address					
No Ma	rie S. Pyles Same as Item 2.					
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I DEATH WAS CAUSED BY.	INTERVAL BETWEEN					
HAMEDIATE CAUSE (A) MVOCATOLAL INIATO	ction, recent & remote 24 hrs					
4201 DUE TO						
rise to immediate couse (a)	sclerosis with occlusion					
stating the underlying couse DUE TO						
lost. (c)	THE TERM NA DISEASE CONDITION CIVEN IN PART I(a) 19 WAS AUTOPSY					
PART .1 OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? YES SEX NO					
PRIMARY CONTRIBUTING CAUSE OF DEATH.	(Enter noture of injury in Part I or Part I of item 18)					
20c TIME OF INJURY Month Day Year 20d Najry OCCURRED 20e PLA	ACE OF NJURY (Home form, 20t (C ty or town) (County) (Stote)					
Hour a.m pm 19 While Not While of work fac	tory street, office bidg etc.)					
21. I certify that I took charge of the remains described above, he	eld an Autapsy 🚺 , respection 🔀 Inquiry 💢 and in my apinian					
deoth resulted from. Natural causes 🗹, Accident 🔲, Suit	cide, Homic de, Undetermined manner					
ACTUAL O Long to 3 of f	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER 22. DATE SIGNED					
SIGNATURE TITLE	M D ASS STANT MEDICAL EXAMINER /1/22/17					
I EXAMINER'S NAME (Type) JOHN G. BALL	Address (Street, Gly lown or county) Bethesda, Md.					
230 BUR AL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR						
Burial 11-25-67 Cedar Hill						
ROBERT A. PUMPHREY, Bethesda, Mar	yland DATE NOV 27 1967 PREGISTRAR SIGNATURE					



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

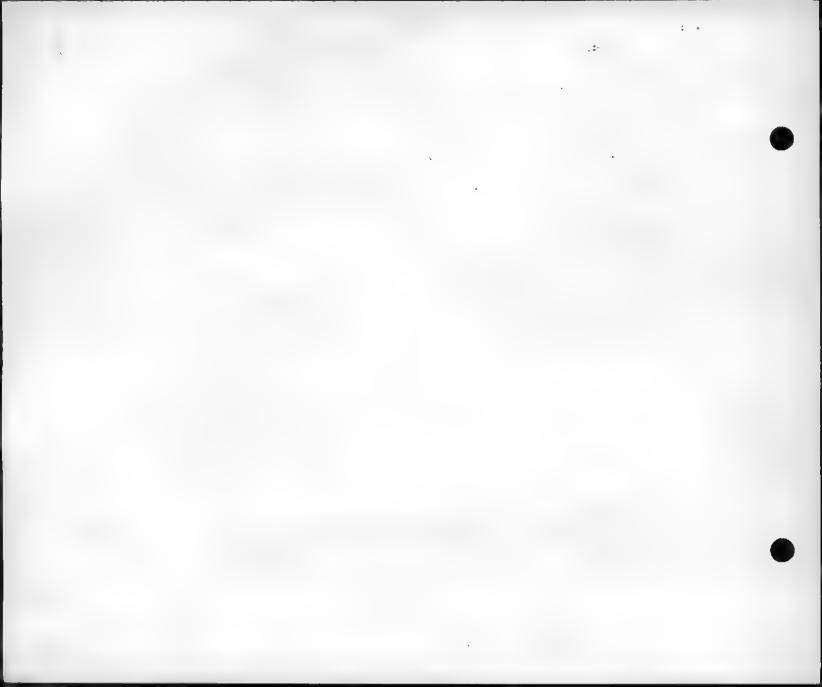
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CERTIFICATE OF DEATH

15708

	10						
1 PLACE OF DE	ATH		2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission)				
o. COUNTY	Montgomery	MARYLAND	o STATE Mary]	land b. COUNTY 1	Montgomery		
	WN (If outside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs	side corporate limits, write RURAL on			
write RURi	AL ond give nearest town) thesda	6 days	Silver Spr	ring			
	IOSPITAL OR INSTITUTION (If not in hospital, g	ive street oddress)	d STREET ADDRESS		B IS RESIDENCE		
	nical Center, Bethes	da, Maryland	13317 Bea Kay Drive ON A FARM?				
3. NAME OF DECEASED	First	Middle	_ost	4 DATE Month	Doy Year		
(Type or print		Christopher		DEATH Novemb			
5 SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 🔀	B. DATE OF BIRTH	9. AGE (In years IF UI lost birthdoy) Mon	NDER I YEAR IF UNDER 24 HRS.		
Male	Negro WIDOWED	DIVORCED	3 October 19	967 yis. 1	19		
		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County &	State or foreign country)	2 CT ZEN OF WHAT COUNTRY?		
donny most of we	Child		Washington		USA		
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN NA	AME			
	Harland L. Rando	lph		Mariam Lawson			
15 WAS DECEASE	EDEVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT The Me	edical Record's,	The Clinical		
No No	own) (If yes give wor or dotes of service)	None Cen			014		
	OF DEATH (Enter only one couse per line for	(o), (b), ond (c).)			INTERVAL BETWEEN		
PAKI	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmonary Atr	esia		7 Weeks		
121	0.07 14						
	if ony, which gove) (b)						
	underlying cause DUE TO						
lost.) (c)						
PART II. OTH	HER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?		
E					YES X NO		
	NT WAS UNDERLYING ☐ 20b DE UTING ☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Pr	ort I or Port II of Item 1B)			
(IF EITHER, N	OTIFY MEDICAL EXAMINER)						
	ur o.m. While	Not While fact	E OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)		
21 1	p.m. 19 otwork certify that (1) (this haspital) attend		vember 15 19	67 to November/	19 67 that 70) (wa) last		
saw t	he deceased alive an November	21 19 67, and that	death occurred at	7:25 M. fram causes and c	on the date stated above.		
220 SIGNA	TURE . /	4		PM 22	b. DATE SIGNED		
We	this H. Will	asse M.C	ATTENDING A	MED. STAFF DIRECTOR PHYS N	lov. 22, 1967		
22c PHYS			22d ADDRESS The	e Clinical Center			
NAME	(Type) Willis H. Willis	ams, M.D.	Institutes	s of Health, Bet	hesda, Md.		
230 BURIAL, CRE REMOVAL (S	petry) 11-00-15	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)		
24. FUNERAL DI	RECTOR COLLEGE 15	ADDRESS A ST. ST	Y W 2SO RECD	BY REG STRAR 256 REGISTRA	R S S GNATURE		
KETER	MATHODING L	exagn. De	DATE NC	1V 27 1967 PEX.	in a Judge		
	77021	707					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. by the funeral , Pages aurs off TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in director, page 3 s≣auld be detached for use as the burnal-transit permit. Then please remove carbon eaguer shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event) within 72. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

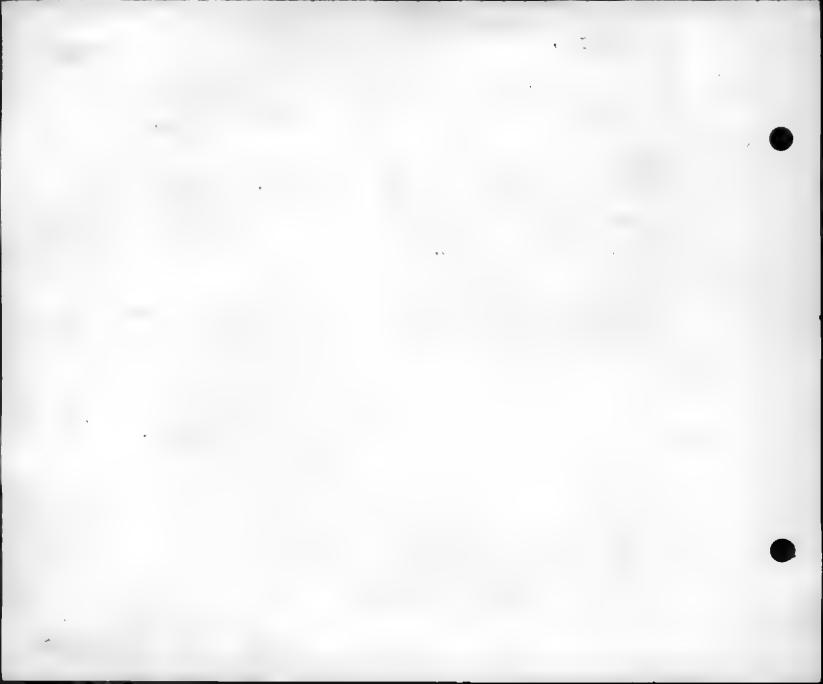


15714

CERTIFICATE OF DEATH

35769

	- C -			23103	
	de orth		I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission	1)
1		9.	o. COUNTY .	o. STATE b COUNTY.	7
_		7	Montgomery MARYLAND	O. STATE Maryland b (OUNTY Montgomery	
	by the Kr	7	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town)	
	by the Page	1	Silver Spring DOA	Takoma Park. Md.	
	hod A se	1.1	d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDE	ENCE
	7 F 9 2	2		ON A FAR	
	thin 24 ho	及	Naval Ordinance Laboratory	8605 Barron Street YES L N	NO X
	## } \$\$\$		3 NAME OF First Middle	Last 4 DATE Month Boy Year	r .
	w ete	1	(Type or print) John (none)	Rebak, Jr. DEATH November 30 19	67
	campletely love carbon y event, with	- 5	S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years I FUNDER I YEAR IF UNDER)	
	ote be executed within a cran and campletely filler ease remove carbon parantinin and in any event, within	4	Male White WIDOWED DIVORCED	4/19/21 lost birthday) Months Days Hours	Min.
	e Pulled		1Do JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT	
	be a	1	during most of working life, even if retired) INDUSTRY	COUNTRY?	
	ste crair an(.3	Elect. Engineer Govt.	Chicago, Illinois USA	
	lfc al,	11	13. FATHER'S NAME	14. MOTHER S MAIDEN NAME	
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs etained by the haspital or attending physician. COR: After this certificate has been signed by the attending physician and campletely filled in by should be detached far use as the burial-transit permit. Then please remove carbon papers? Por with the State Dept. af Health priar 19 burial, crematian, ar removal, and in any event, within 72 hours	12	John Rebak	Clementine Philamunchak	
	h o ling	+	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1	7 INFORMANT Address	
	ne death attendi permit. ian, ar r	7	(Yes, no, of unknown) (If yes give wor or dates of service)	Wife Same	
	e d ath an,	1.			ACC C AL
	the transfer		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	INTERVAL BETWO	
	hat n. yy t ans	_	IMMEDIATE (AUSE (0)	al dispardion	
	equires that the physician. signed by the c burial-transit p	16	DUE TO C	0	
	physic physic signed burial	- K	Conditions, if ony, which gove) (b)		
	유 전 · 보고 역	27	nise to immediate cause (a), Stating the underlying cause DUE TO		
	ing was a start	0	lost. (c)		
	AN: The law requires the solution of attending physician cate has been signed by at use as the burial-traited the of the priar to burial, tree the other traits of the solution of the solution.		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/o) 19 WAS AUTOR	PSY
	The att has had he	3	TALL IN COLLEGE STORM CONTROL CONTROL TO SEAL OF THE PARTY OF THE PART	DEPENDMEN	D?
	YSICIAN: The aspiral or at certificate he hed far use or as the far use or af Health	(D)			40 U
	A to Start	-	206 DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING □ CAUSE OF DEATH	ED (Enter nature of injury in Port I or Port II of Hem 18)	
	SIC ispliss ert ert ned red	_			
	the hother than the detack	2			tote)
	the del	5	Hour o.m. p.m. 19 While at work at work	foctory, street, office bldg , etc.)	
	TAL OR ATTENDING PHYSICIAN: noy be retained by the haspital or AL DIRECTOR: After this certificate page 3 shauld be defacted far u e filed with the State Dept. af Heal	- 6	21 I certify that (I) (this haspital) attended the deceased fram	1600 1/31961, to 1605 1/301961, that (1) (w	rol lac
	ed ed	2	saw the deceased alive an 11/30 1967, and	hat death accurred at 4. OM from causes and an the date stated	abaya
	T E D E	6	220 SIGNATURE	22b. DAJES GNED /	andae
	R A R A R A B S S S S S S S S S S S S S S S S S S	7	1 Da PD (titruce	ATTENDING MED STAFF	\Box
	DIRE		22c, PHYSICIAN S	M.D. PHYS LI DIRECTOR LI PHYS LI LI 12 30/6	1
	TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be calculd be filed with the State		NAME (Type) DAVID P Price	NAVAL OrdNANCE LABORATOR	X
	O HOSPIT Page 4 m O FUNERA director, 1		230 BUR AL, CREMAT ON, 23b, DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 22d LOCATION (City or Town) (County) (Sto	ote)
	Page O FUN direct shoul	R	Burial Dec 5.1967	(D)	
	5 % 5 p 4	0	OF CHARDY DIRECTOR	ac perio by periothan Lock beautifulor closustrate	Y
	VR A15 (4) 25M 1/67		24 FUNERAL DIRECTOR 3663 ADDRESSY		6
	25M 1/67	2	my morning the Day	DATE DEC 4	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		7571	5It	em #8	Fi.	CERTI	FICATE	OF DEAT	Н				1571	0
1	i P	LACE OF DEATH						2 USUAL RESIDE	NCE (W	here deceosed			ce befare adr	m iss ነውሳ)
	0	. COUNTY	Montgomery			4441	DATE & ALES	o STATE Mar	ກະໂດເ	n d	b con	NTY		V
/	5.		If outside corporate limi	t.		LENGTH OF STAY	RYLAND	CITY OF TOWN	ATGI	udo cornorato	emate meits DII	PAL and aug	n negreck tou	m)
	U	write RURAL and	i give pecrest town) la (rural)	15,	Ι,		III EU	c CITY OR TOWN (If outside carporate limits, write RURAL and o				AME UNG BITC	c ilentest low	,
		Betheso	da (rural)			1 day			tla	nd				**
. [d	NAME OF HOSPIT	A. OR INSTITUTION (If a	iat in hasp	ital, give	street address)		d STREET ADDRES	SS				e IS	RESIDENCE A FARM?
		Naval I	Hospital					4655	Duj	pont A	/e .		YES	□ NO □c
I		NAME OF	f	irst		Middle		Lost		4 DATE OF	Mon	th	Doy	Year
-1	(Ype or print)	Paul			Dana		REED		DEATH	Nove	mber	3	19 67
ı	5 5		6. COLOR OR RACE	7 MAR	RIED [NEVER MARRI	ED 1 8	DATE OF BIRTH	19		GE (n years	FUNDER		NDER 24 HRS.
1		Male	Cauc	WIDO	WED [DIVORC		Jan. 21.	11		ost birthday)	Months 9	Doys Ho	ours Min,
ľ	10a	USUAL OCCUPATION	(Give kind of work done	в 1		OF BUSINESS OR		11 BIRTHPLACE (County &	State, or fareig	n country)	12 CH	TIZEN OF WHA	AT
	durii	ng mast of warking	I fe, even if retired)		INDU:	N/A		ROTA.	SPA	TM		(0	UNTRY?	Α.
ŀ	13.	FATHER'S NAME				11/23		14. MOTHER'S MA						//
-		Raymor	nd Reed				Ì	Mary	Phi'	llins				
ı	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES	7	16. 500	CIAL SECURITY NO.	17 1	THE DESIGNATION OF THE PERSON		land	Addr	ess Mer	ryland	
	(Yes	No.	(if yes give war or dates	at service)	l n	1/4	7000				1.600		nt_Ave	
ŀ	-		EATH (Enter only one co	usa mas lis	1 10	(h) and (a)	LEV	Raymond	LIE	20, USI	4055	Tuba		L BETWEEN
	ı	PART I. DEA	TH WAS CAUSED BY:	iuse per ili Ra		, (o), one (c).)	ode hd	leterel						IND DEATH
	-1				011011	opneumor	ITG DI	Tacerar						
	- 1			E TO	_									
	- 1	Conditions, if any		(b) M	yelo	prolifer	cative	disease						
	- 1	rise to immediat stating the unde		E TO										
	- 1	last.	}	(c)										
	ŀ	PART II OTHER SI	GNIFICANT CONDITIONS		TING TO	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEA	SE COND	DITION GIVEN I	N PART 1(a)		19. WAS	ALTOPSY
1	ਫ਼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									` '		YES IX	ORMED?
'	ਤੂ	DD ACCIDENTAL	C AMERICAN AND AND AND AND AND AND AND AND AND A	1 0	of occep	NAC HOW MINDS	OCCUPATA	(Patra anti-	in D	1 D 11	-/ in- 10)		102 10	- 140 []
		20o. ACCIDENT WA	S UNDERLYING L.	2	OP DESCR	KIRE HOM INJUKT	UCCUKRED.	(Enter noture of inj	ury in Po	on I or Pon II	OT 11em 16.)			
ı	֡֓֞֞֞֞֞֞֞֞֞֞֓֓֓֓֓֞֩֞֩֞֡֓֓֓֓֡֞֡֓	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	MEDICAL CERTIFICATION	20c. TIME OF INJU	URY Month, Day, Year			RY OCCURRED		E OF INJURY (Hom		20f. (lity or town)	{Cor	unty)	(Stote)
- !	E	LO TUGIT	10		While L	Not While	III TOCTO	ary, street, office bld	g., erc.)					
-	- 1	21 Lourti	fy that (1) (this ha	snital) c	ttende	d the decease	d from	Nov. 2	. 19	67 to	Nov. 3	. 19	67. that i	(Mr (we) las
	- 1		eceosed alive on_		. 3	19 67	and that	death accurre	ed at	1108 M.	ram causes	and an t	he date st	ated above
Į.	- 1	22a. SIGNATURE								AM			ATE SIGNED	
- 1	- 1	ZZG. STOTHTTONE	Jerry	4	Om.		. M.1	ATTENDING PHYS		MED. DIRECTOR	STAFF PHYS.	ור		
	- 1	22c. PHYSICIAN'S		9. 1	OTT	CLUDY		22d. ADDRES		DIRECTOR C	- FII(3, 34			
1	- 1	NAME (Type		Toma	covi	c					3 73 - 2		3/2	
									all	Hospit		hesda	MC	16-11
- 1	23a.	BURIAL, CREMATION PEMOVAL /Specific	ON, 23b. DATE TO			23c. NAME OF CE				23d. LOCA	TION (City or To	(wn)	(County)	(State)
		REMOVAL (Specify Burial	11-6		/	Academy	Cemet	ery			sville,			
	24.	FUNERAL DIRECTO	R W. W. Cha	amber	's Co	心地域	SHEA!	250 250		BY REGISTRAR		EGISTRAR'S S	IGNATURE	Albert A
		Thoo Ch	nnin Stract			Machine		DAT	ie NC	JV 6	1967	Julia	reed yo	The state of the s

TO HOSPITAL OR ATTENDING PRYSICIAM: The law requires that the Neath certificate be executed within 24 Nours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to director, page 3 should be detached for use as the burial-transit permit. Then please remove cardan perents should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 his VR A15 (4) 20 M 1/66

and 2 barred Target



FOR STATE HEALTH DEPT.

4

ment g

form PM3 Page

in pencil in Item 18 Give Pages,

TO DEPUTY MESTAL EXAMINER: This certificate should be executed within 24 hours after death

any delay is and 3 to

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15711

1						1			
7		PLACE OF DEATH		2 USUAL RESIDENCE (Where dece		ce before adm sslon)			
1/	(Montgomery	MARYLAND	o STATE Maryland	Howard				
		b CITY OR TOWN (If outside corporate I mits,	E LENGTH OF STAY IN 16	← CITY OR TOWN (f outside corpo		neorest town)			
		olney	D.O.A.	Savage		,			
		d NAME OF HOSP TAL OR INSTITUT ON (If not in hospi		d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
2		Montgomery General Ho	spital	2Il Savage-Guilford Road					
		NAME OF FIRST DECEASED	Middle	Last 4 DATE OF	Month	Day Year			
		(Type or print) Richard	D.	Reelev DEAT		7 19 67			
	\$:	SEX 6 COLOR OR RACE 7 MARR	IED 🗓 NEVER MARRIED 🗌	8 DATE OF BIRTH	9 AGE (In years FUNDER) Jose birthday) Months	Days Hours Min			
	N	Male White WIDOW	VED DIVORCED	Jan.4, 1911	56 bisthday) Months	10013			
			LIND OF BUSINESS OR	11 BIRTHPLACE (State or fare gn	country) 12 (IT	IZEN OF WHAT			
	dJII	ing most of working life, even if retired) Contractor Se	Tr-Employed	Maryland	U.\$	UNTRY?			
	13.	FATHER'S NAME	The second second	14 MOTHER'S MAIDEN NAME					
		Richard Reeley		Annie Wavig	an				
		. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (f yes give wor ar dotes of service)	16 SOCIAL SECURITY NO 17	INFORMANT	Address				
	(10	Yes WWII		Medical Records					
		1B. CAUSE OF DEATH (Enter on y one cause per line	for (a), (b), and (c).)		000	INTERVAL BETWEEN			
		PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (a)	ecule Co	ronary of	nouppetie	CONSET AND DEATH			
		4201 DUE TO	0.	+ 11 / 4	0:111	1			
		Conditions, if any, which gave (b)	ronary Ur	lery Hohrt	Jesease,	U			
		stoting the underlying couse DUE TO	1						
		last (c)	0	0					
	N.	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUT	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND T ON GI	IVEN N PART (o)	19 WAS AUTOPSY PERFORMED?			
0	ATIC					YES NO			
	CERTIFICATION	20a EXTERNAL CAUSE WAS 20I PRIMARY □ or CONTRIBUTING □	DESCRIBE HOW NIJRY OCCURRED	(Enter nature of injury in Part 1 ar P	Part I of tem 1B)				
		CAUSE OF DEATH.							
	MEDICAL	are thing or madely manny bolt too.			(City or town) (Cou	unty) (State)			
	EW.	10	While Not While of tac	tary, street, office bldg., etc.)					
		21. I certify that I taak charge of the	remains described above, hi	eld an Autapsy 🗍 . Inspec	ction Inquiry X	and in my apinion			
		death resulted from: Natural causes	Accident Sui		Indetermined manner]			
		4700		CHIEF MEDICAL EXAM NER		1010			
		SIGNATURE SELDEN	1. Class	M D ASSISTANT MEDICAL EXAM		22 YOU'LE SHENED			
7		EXAMINER'S	11 12	DEPUTY MEDICAL EXAMIN		andview Ave.			
-		NAME (Type) Belden R. Reap,		Address (Street, city, taw	1171000000	Md			
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d	LOCATION (City or Town)	(County) (State)			
	6	Jurial 11-10-6	7 St Johns	(emetery)	efferstore	er Mid.			
	24	FUNERAL DIRECTOR	PRESS	250 REG 9 91 PEG 5	STRAY 2Sb REGISTRARS S				
	16	Will Namalder	an Ramel	DATE NUV I	3 1967 Miles	les Judge			

VR A15ME (5) 6M 1/67

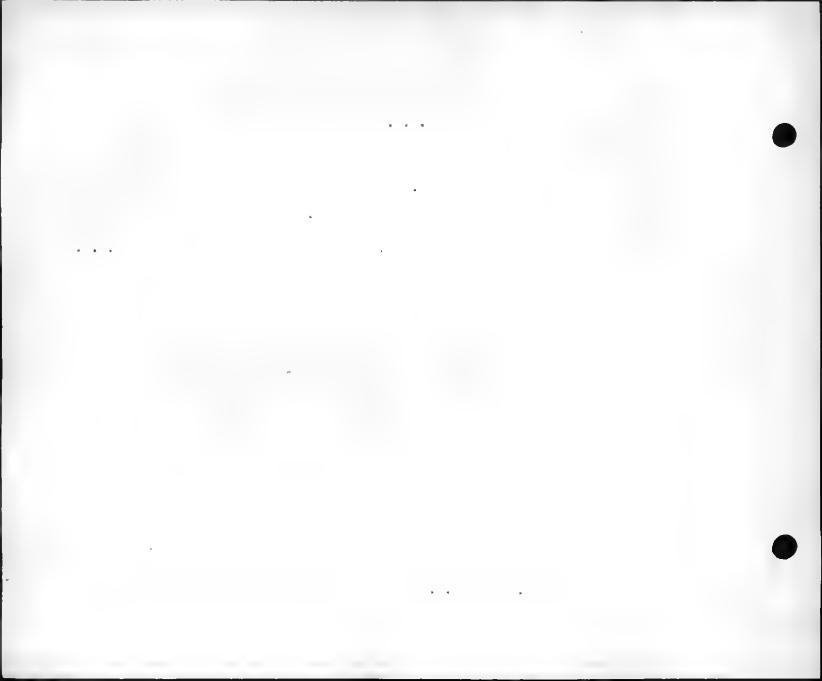
5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a bur al-transit permit. File pages 1 and 2 with the State Depart

Health prior to burial, cremation, or removal, and in any event within 72 hours after death

the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with

necessary, please execute the certificate, writing the ward "pending"

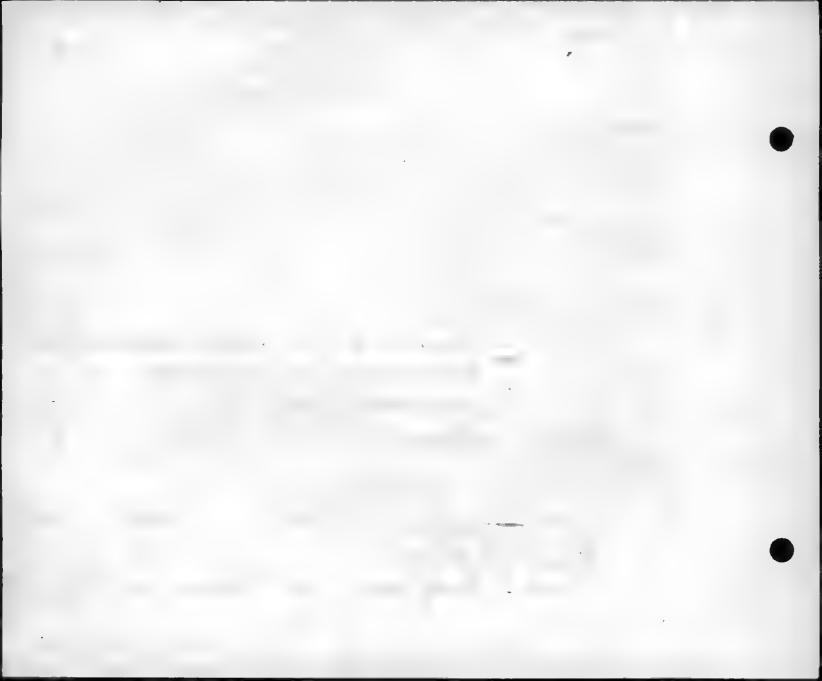


TE FINERAL DIRECTOR After this certificate has been signed by the attending physicion and completely filled in by the following director, page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 boars after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Poge 4 may be retained by the hospital or attending physician.

		~~*1	CERTIFICATE	OF DEATH		15712						
	1 1	PLACE OF DEATH		2. USUAL RESIDENCE (\	Where deceased lived, if institut	an Residence before admission)						
		a. COUNTY		a STATE								
		Montgomery	MARYLAND	Maryland	20810 Pri	nce George						
		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If ou	tside carparate limits, write RUI	RAL and give nearest tawn)						
	T	akoma Park	16 days	Laurel		1						
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g		d. STREET ADDRESS e IS RES DE								
1	W	ashington Sanitarium and	Hospital	27 A Str	eet	ON A FARM? YES ☐ NO D						
		NAME OF First	Middle	Last	4. DATE Mont	th Day Year						
		DECEASED		4441	OF							
		(Type or print) Earl	Ernest	Rhodes		ember 28 1º 67						
	S :	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR OF UNDER 24 RRS						
		Male White WIDOWED	DIVORCED	March 8-99	tast b rthday) 68 Yrs.	Manths Days Hours Min.						
	10a. dun		ND OF BUSINESS OR Dustry	11 BIRTHPLACE (County	& State, or foreign country)	12 CFT ZEN OF WHAT COUNTRY?						
	Ra	ce Tract Owner & Horse tr	ainer	Maryla	nd	America						
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME							
	15	Rhodes WAS DECEASED EVER IN U.S. ARMED FORCES? 16. !	COCIAL SECURITY NO. 137 H	Mary NFORMANT	Addre							
		s, na, ar unknawn) ((if yes give war ar dates af service)	SOCIAL SECURITY NO. 17. II	NEUKMANI	Addre	BSS						
	١.		-18-2494 P	atient's ch	n mt							
		1B. CAUSE OF DEATH (Enter only one cause per line for		***********	1	- INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Aphastic AWEMIA ASSOCIATED WAS STORED DEATH IMMEDIATE CAUSE (b) Aphastic AWEMIA ASSOCIATED WAS STORED DEATH.										
	Н											
		T / ' / BW-10- ()	1-1-	1//	. 1	01						
		Canditions, if any, which gave	EUMUNIA	01 KIGH	17 LUNG	LUPZ						
		rise to immediate cause (a), stating the underlying cause	1	1								
		last. (c)	UD LEUKO.	DENIA		2 who to						
		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT BELATED TO	HE TERMINAL DISEASE COL	VDITION G VEN IN PART I(a)	19 WAS AUTOPSY						
)	NO.	1), , , , , , , , , , , , , , , , , , ,		HE TEKMINAL DISEASE COT	SULLION G VEN IN PAKT 1(0)	PERFORMED?						
ŧ	CERTIFICATION	PELVIC HB.	5 CESS			YES NO 🗀						
			SCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Port I or Part II of Item 18)							
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	At		IIIIDV OCC IRDED RO 0 20	T OF IL HIDY III I	701 (0 10 10 10 10 10 10 10 10 10 10 10 10 10	15						
	WEDICAL	20c TIME OF INJURY Month, Day, Year 20d IN Haur'a.m White		E OF INJURY (Hame, farm try, street, affice bldg., etc.)		(County) (State)						
	N	p.m. 19 at wark		/ /		1						
		21 I certify that (# (this haspital) attend	led the deceased from	11/11/67	9 to 1/3.8/	67, 19, that # (we) las						
		saw the deceased alive an 1//2		death accurred at		and an the date stated above						
		22c. SIGNATURE	, 4114	deally accorded at	B M, Hall (doses	22b. DATE SIGNED 2						
		220. SIGNATURE	on has to	ATTENDING	MED. STAFF	22D. DATE SIGNED						
		1 aug Nov	/// M.D	11110	DIRECTOR PHYS.	11/28/157						
F		22c PHYSICIAN S	0	22d. ADDRESS		h - staffing Page						
٠.		NAME (Type) PAUL LI, RO	BB, MB,	1/600 C	ARROLL A	tuti maquelano						
	230	BURIAL CREMAJION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C	PEMATORY	23d LOCATION (City or To	wn) (((aunty) (State)						
	1/2	REMOVAL (Specific)	The state of Clinical Or.	6 1	250 Secritor (city di 1d	M. (confl) (stole)						
	Y	Engrish 1/4-1-67	Struck / Lel	(6.000	Janual	mol.						
)	24	Enhant Told	ADDOESS:		1007	GISTRAR S SIGNATURE						
	1	ATMINIMATON WAY WAY	DIVIN, WINDE	A DADE	34 1967 /2	marked hustr						



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

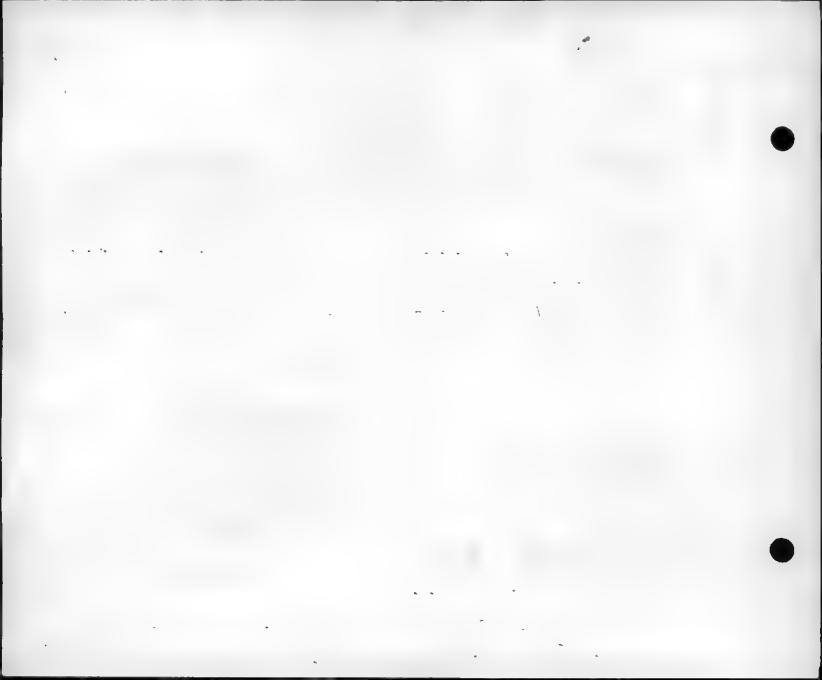
Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages F and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours are decided.

	0810	CERTIFICATE	OF DEATH		TO139
	PLACE OF DEATH			Where deceased lived, if institution.	Residence before admission)
	Montagnery	MARYLAND	a STATE Mar	y land b. COUNTY	Montgomery
	CITY OR TOWN (If outside carparote limits, write RURAL and give negrest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL	and give nearest town)
	Silver Spring	8 Slayer	Silver	Spring	1'1
	d. NAME OF HOSPITAL OR INSTITUTION (IL nat in h	ospital, give street address	d. STREET ADDRESS	and A	# IS RESIDENCE ON A FARM?
	Holy Cross Hospital		808 K	awen Kd	YES NO 🔀
	NAME OF First	Middle D'	Last	4 DATE Month	Day Year
	(Type ar print) Charle		ardson	DEATH //	UNDER I YEAR I F UNDER 24 HRS
3.	it t		DATE OF BIRTH 92	last birthday) M	onths Doys Hours Min
100	USUAL OCCUPATION (Give kind of work dane	IDOWED DIVORCED DIVORCED DIVORCED	, ,	State, or fareign country)	12 CITIZEN OF WHAT
dug	ng most of working life, even if retired)	D. G.S. Store	,		U.S.A.
	etired Produce Mgr. FATHER'S NAME	D.Y.D. DLORE	14. MOTHER'S MAIDEN N	ery Co., Md.	u.c.
	Robert J. J. Richard	son	Alice Var	* *	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	200 KAHUSA	Kond
(16	s po, or unknown) (If yes give war ar dates of servi	189-09-1415 Mrs	s. Lete Mor	ris Silver op	ring, Md.
	18. CAUSE OF DEATH (Enter only one cause per				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	bremie Porom	ina		ONSET AND DEATH
	LUS X DUE TO	04-0	Ø		
	Conditions, if any, which gave (b)	1. welige m	zeloma		6 months
	stating the underlying cause DUE 10		•		
'	(c)	PURING TO OFFICE OUR HOT DELATED TO T	TO TO THE PROPERTY OF THE	IDITION OF THE PART OF	19 WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO 1	HE IEKMINAL DISEASE CON	DITION GIVEN IN PARE T(0)	PERFORMED? YES NO
E E	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in I	Part I ar Part II af item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c TIME OF INJURY Month, Day, Year Haur'a.m.		E OF INJURY (Home, form pry, street, affice bldg., etc.)		(Caunty) (State)
Œ	p.m. 19	ot work at wark			1-1-1
	21. I certify that (I) (this hospital saw the deceased alive an Nov	ottended the deceased from	dooth accurred at	4 Ca M from source on	_, 19 <u>.6-7,</u> that (!) (₩#) l as d on the date stated abave
	220 SIGNATURE	19 19 7 , disc mus	deam accorred at	6730 M, Hom couses are	22b. DATE SIGNED
	Ferallehen	mo M.D	PHYS 🔀	MED. STAFF DIRECTOR PHYS	Nov. 6,1967
	22c. PHYSICIAN'S NAME (Type) Gene U. Co.	hen M.D.	22d. ADDRESS //	SILVER SPA	EING MD
230	BURIAL, CREMATION, 23b DATE THEREOF	1967 234. NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) (Stote)
13	REMOVAL(Specify) Nov. 193	Baltimore Nati	ional Cem.	Baltimore, Ma	ryland
	CHUMERAL CIRCUM C. Glen Car	ter 8434 ADRESigna Au	PERENTE. BIA	BY REGISTRAR 25b REGIS	TRAR S SIGNATURE
W	arner L. Pumphrey, In	C. Silver Onting	Piel DATE NU	OV 1 0 1967 gc	have Judge

Silver Spring l'id

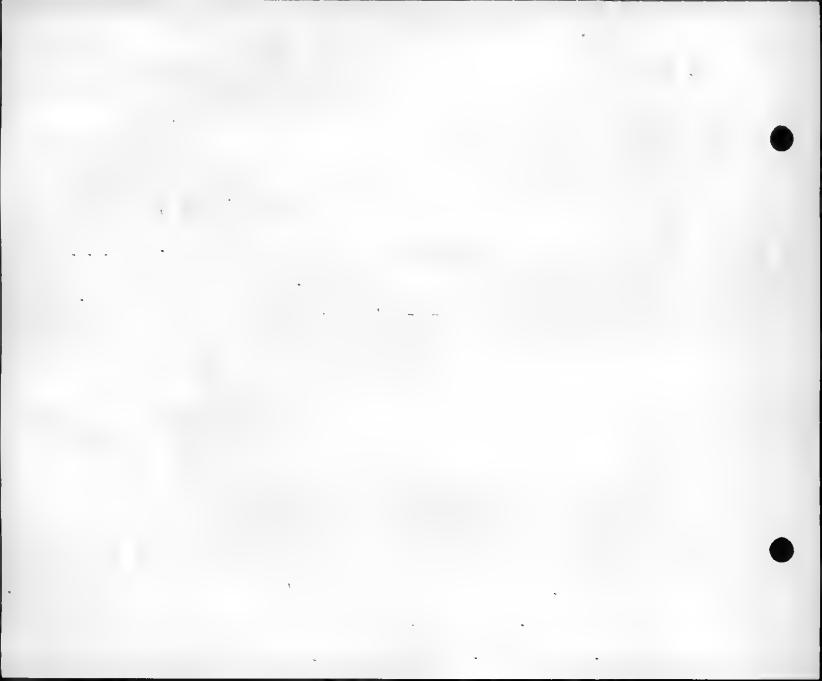


					CERTII	FICATE	OF DEATH		20	£ 1. St	
N		PLACE OF DEATH						(Where deceased lived, if institutio	n Residence be	ifare admission)	
J	(O. COUNTY	ONT GO.	MERY	MAR	RYLAND	O. STATE	YLAND b. COUNT	MON	TOMERY	
	ŧ	CITY OR TOWN (If autside corparate limit d give nearest tawn)	is,	c LENGTH OF STAY	IN Ib	c. CITY OR TOWN (If a	outside carparate limits, write RURA	I and give nea	rest fawn)	
	S	ILVER	SPRING		2 days		SILVE	E SPRING	- -		
	-{	I NAME OF HOSPIT	TAL OR INSTITUTION (If n	at in hospitol, i	give street address)		d. STREET ADDRESS		4. ()	e IS RESIDENCE ON A FARM?	
		HOLY	CROSS ,	HOSP.	` · · · · · · · · · · · · · · · · · · ·		1609	BELVADERE	BLVD.	YES NO	
	. [NAME OF DECEASED Type or pnnt)	SAAD	irst	Middle		HE Y	4 DATE Month OF DEATH NOV		20 19 67	
	5 5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	0 🔲 1	B. DATE OF BIRTHS / 3	1898 9. AGE (In years Last birthday)	Months Day		
		_M	W	WIDOWED	DIVORCE	D 🗌	811619	401 173 7 kis.			
			N (Give kind of wark dane life, even if retired)		IND OF BUSINESS OR DUSTRY	-1	11 BIRTHPLACE (Count)	VON Pound	12 CITIZEN COUNTR		
	13.	FATHER'S NAME		183540	- encouged	4	14. MOTHER'S MAIDEN		1 1145		
		George	e Richey				S. Muna	choon			
		WAS DECEASED EVE	R IN U.S ARMED FORCES?		SOCIAL SECURITY NO.	17 1	NFORMANT	1609 Relication	e Blind		
-	(18:	s, ne, or unknown;	(If yes give war ar dates		73-13-7951	Geo	rae Richeu	Silver Sprin	a. Mor.	land	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) // Charle // Academy // Carle //									
		17.51		10	7		(=>				
		Canditions, if any		(b)	Mela	roma	(Thomas	y sile, strag	12 :	304410	
		rise to immediate		T0							
		lost)	(c)							
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTO PERFORME YES YES									
	L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DE	SCRIBE HOW INJURY (OCCURRED.	Enter nature of injury in	Part I ar Part II of Item 18)			
	MED.CAL	2Dc TIME OF INJ Hour o.	10	2Dd 11 While at war			E OF INJURY (Hame, far ary, street, office bldg., etc		(Caunty)	(State)	
	ĺ		fy that (I) (th is- he: eceased alive an		ded the deceased	from and that	death accurred a	19 <u>67</u> , to ///20 t <u>/:a/A</u> M, fram couses o	, 19 <u>67,</u> nd on the d	that (I) (we) last late stated above.	
		22a. SIGNATURE	9. Leun	and	Lef	M.C	1111-21	MED STAFF DIRECTOR PHYS	22b DATE SI	/	
		22c PHYSICIANS NAME (Type		and Gol	d		22d ADDRESS 9801 Geo	rzia Avenue, Si	wer S	pri12, 1.d.	
		BUR AL, CREMAT REMOVAL (Specify		EREOF	23¢ NAME OF CEN		rematory ts Cemetery	23d. LOCATION (City or Fow		., ,	
	/in	ENTINERAL DIRECTO		7	SLIZL ADDRESS		a ZSo. REC	D BY REGISTRAR 256 REG	ISTRAR S SIGNA	TURE	
	-	Chuch	D'impareu	0 0	Silvin	inc	Mid DATE N	OV 2 2 1967 K	Charle	o Judge	

Page 4 may be retained by the haspital at attenuing physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers? Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hays after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Beath.



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Pmgm 4 moy be retained by the hampital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15715

CERTIFICATE OF DEATH

1 PL	ACE OF DEATH		2. USUAL RESIDENCE (W	there deceased ved, if institution	Residence befare admission)
	COUNTY		a STATE	b, COUNTY	· ·
_/	MONTGOMERY	MARYLAND	MARYLAN	1 MOINT	GOMERY
b.	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	iside corporate limits, write RURAL	and give neorest (tawn)
	write RURAL and give nearest town)	DOA	CABIN		
1	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, of		d STREET ADDRESS	COHN	T e IS RESIDENCE
1 "		ive siteel oddless)	1	7	ON A FARM?
	SUBURBAN		1 ERIES		YES NO X
	AME OF First	Middle	Lost	4 DATE Month	Day Year
(Ty	(CEASED (Pe or print) HARVEY	HUBERT-	RICKETTS	OF DEATH NOW	19 1967
S. SE			B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
1	T, Mystrian			lost birthdoy) N	lonths Doys Hours Min
	ALE WHITE WIDOWED		6/29/08	5-9 yrs	
		ND OF BUSINESS OR	11 BIRTHPLACE (County 8	& State, or foreign country)	12. CITIZEN OF WHAT
		DUSTRY PRIVELLS	WASHING	7.0	COUNTRY?
	ATHER'S NAME	KNEZES	14. MOTHER'S MAIDEN N		W.3.771
13 1			7.	_	
24	DAVID RICKET		MAUDE	FISHER	
15. V	NAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dates of service)	SOCIAL SECURITY NO. 17, 1	NFORMANT	Address	
	710-	V//	RGINIA RICI	KETTS - WIFE	- SAME
	IB. CAUSE OF DEATH (Enter only one cause per line for	(a), (b), and (c),)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	honaus a	elusian	/ 0	ONSET AND DEATH
	ministrate diese (a)	scowing a	ecueco-	- Ann	medicale
	DUE TO	1-110			1 1 1 1 1
	onditions, if ony, which gove) (b)	Teriodella.	us - alhe	roseleroses	. Xeara
	ise ta immediate cause (a), DUE TO				
	toring the underlying cause				
1 13	* (1)				
≥ P	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
CERTIFICATION			-		YES NO DE
1215	00a ACCIDENT WAS UNDERLYING ☐ 20b DE	SCRIBE HOW INJURY OCCURRED. (Forter nature of aniuny in P	Part I or Part II of stem 181	
	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW HOOK! OCCURRED.	frines indigite or milary in t	an I al Fari I a Hell 14)	
1210	IF EITHER, NOTIFY MEDICAL EXAMINER)		_		
MEDICAL			CE OF INJURY (Hame, farm		(Caunty) (State)
띭	Haur 'o.m. While		ory, street, affice bldg., etc.)		
l ⊦	Prints di widii		ah 1 24 1	266 4- 8/2- 7	, 1967, that (1) (we) last
	21. I certify that (I) (this hospital) attended	led the deceosed from	ا المالح	30kg N	, 1962, filat (1) (we) lost
	saw the deceased olive on low	/ 1967, one man	deoth occurred of	72 M, from couses one	on the date stated obove
	22a. SIGNATURE	- In. 11	ATTENDING -	MED STAFE	22b. DATE SIGNED
1.1	(allen A C)	M.D	PHYS.	DIRECTOR L PHYS. L	
	22c. PHYSICIAN'S	A ADDED TO T	22d. ADDRESS {	3601 Old Geor	getown Rd.
	NAME (Type) 6 ALLEN O	NEILL		Bethesda, Mar	
120	BURIAL CREMATION. 23b. DATE THEREOF	23c NAME OF CEMETERY OR (23d LOCATION (City or Town)	
	REMOVAL (Specify)			, ,	, ,,
Bu	irial 11-22-67	Ft. Lincol		Prince Geor	ge County Md.
24.	FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb REGIS	TRAR S SIGNATURE
ROI	BERT A. PUMPHREY, Bet	thesda, Mary	land DATE	101 2 4 1067	1007 / 000
li .	*		DAIL	1037 7 / 1027 9	SA Armalla . See of All



15716

L	m 0 4 6	A _k		CERTIF	ICATE	OF DEATH			2.01.	AL O
7	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceases			before admission)
	a. COUNTY	Montgomery		MARY	YLAND	o. STATE Penn	svlvan	b. (OUNT) i.i.a.	У	
	b. CITY OR TOWN (f outside corporate limit	Σ,	c LENGTH OF STAY	IN 16	c CITY OR TOWN (If ou			ond give ne	earest tawn)
	Bethe	f outside corporate limit I give neorest town) SSCA		12 Days		Rockw	rood			. 5
		AL OR INSTITUTION (If n		give street address)		d. STREET ADDRESS				e 15 RES DENCE ON A FARM?
	The Clini	ical Center	, Beth	esda, Mary	land	Route	#3			AE2 NO
3	NAME OF	Fi	rst	Middle		Last	4. DATE	Month		Doy Year
	(Type ar print)	Dor	is	Fern		Romesberg	OF DEATH	November	r	11 19 67
5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIET		DATE OF BIRTH	9.			FAR IF UNDER 24 HRS.
	Female	White	WIDOWED	DIVORCE	0 🗆 2	October 19	21	46 Yrs.	MONINS DO	NA2 LIGORS MIRI
10c	USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& State, ar fare	ign country)	12 CITIZE COUNT	N OF WHAT
L	ring most of working House	wife	- "			Pe	nnsvlv	ania	US	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	MAME			
L		Simon					san Li	phart		
15. (Y	. WAS DECEASED EVE es. pg. gr Jnknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	SOCIAL SECURITY NO.	17. 10	NFORMANT The M	[edical	Records		20014
L	No		No	ot Availab	le T	he Clinical	Gente	r. Bethe	sda. M	arvland
Г		ATH (Enter anly ane cou H WAS CAUSED BY.	ise per ine for	(o), (b), and (c))						NTERVAL BETWEEN
	, a	IMMEDIATE CAUSE	(a) Me	tastatic N	ALLIE	nant Melano	ma			ONSET AND DEATH
L	Candidan dans	DUE	10							
	Canditions, if any, rise to immediat	folganos a	(b)							
1	stoting the under	rlying couse DUE								
	_	CHIEFEANT CONDITIONS	(c)	TO DELTH BUT NOT BEL	ATED TO T	HE TERMINAL DISEASE COM	BUTION COPIN	INI DART 1/-1		19 WAS ATTODOY
CERTIFICATION	PART U. VINER 31	OULICANT CONDITIONS (UNIKIBUTING	IO DEATH DOT NOT KEL	AIEU IU I	TE TERMINAL UTSEASE CON	IDITION SIVEN	IN PART I(G)		PERFORMEDO YES NO
層	200 ACCIDENT WAS		20b DE	SCRIBE HOW INJURY O	CCURRED. (Enter noture of injury in	Port 1 or Port	ll of item 18)		
e e		CAUSE OF DEATH MEDICAL EXAMINER)								
MEDICAL	20c TIME OF INJU	JRY Month, Day, Year		NJURY OCCURRED		E OF INJURY (Hame, farm		(City or fown)	(County	y) (State)
F	Haur a.n	10	While at work	k O Not While O	tacto	nry, street, affice bldg., etc.)				
	21. I certif	y that (4) (this has	pital) atteni	ded the deceased	fram_3	O October , I death accurred at	9 <u>67</u> , to	11 Nov.	_, 1967	, that (X) (we) las
	saw the de	ceased alive an 1	Noven	<u>aber 1967, (</u>	and that	death accurred at	<u>7:55</u> m,	fram causes ar	nd on the	date stated above
	22g. SIGNATURE	sigher I.	Leven	i wies	M.D	ATTENDING D	P.M. MED DIRECTOR	STAFF X	22b DATE:	SIGNED 12, 1967
	22c. PHYSICIAN'S					22d ADDRESS T	he Cli	nical Cer	nter,	National
	NAME (Type)	Arthur J	. Levir	ne, M.D.		Institute	s of H	ealth, Be	ethesd	a, Md.
23	BURIAL, CREMATIC		EREOF	23c NAME OF CEME	ETERY OR (REMATORY	23d LOC/	ATION (City or Town	n) (Co	ounty) (State)
	REMOVAL (Specify Burial	111/15	/67	Rockwood	d TO(F	Rock	wood, Pa		
.2	FUNERAL DIRECTO	k cleruner	1 Hom	ADDRESS	o lessa T	25a REC'C	BY REGISTRA		STRARS SIGN	LATURE CALLED
	-ock	ville, i.	cyland	G-J. J NO	OK I	Thate N	OV 14	1967	- resyl	A Land

and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in birthe funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages of and 2 should be filed with the State Dept. If Health prior to Illurial, cremation, or removal, and in any event, within 22 haurs after death. Pages I and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haugs-after, death Page 4 may be retained by the hospitol or ottending physician. VR A15 (4) 25M 1/67



funeral r and 2

death.

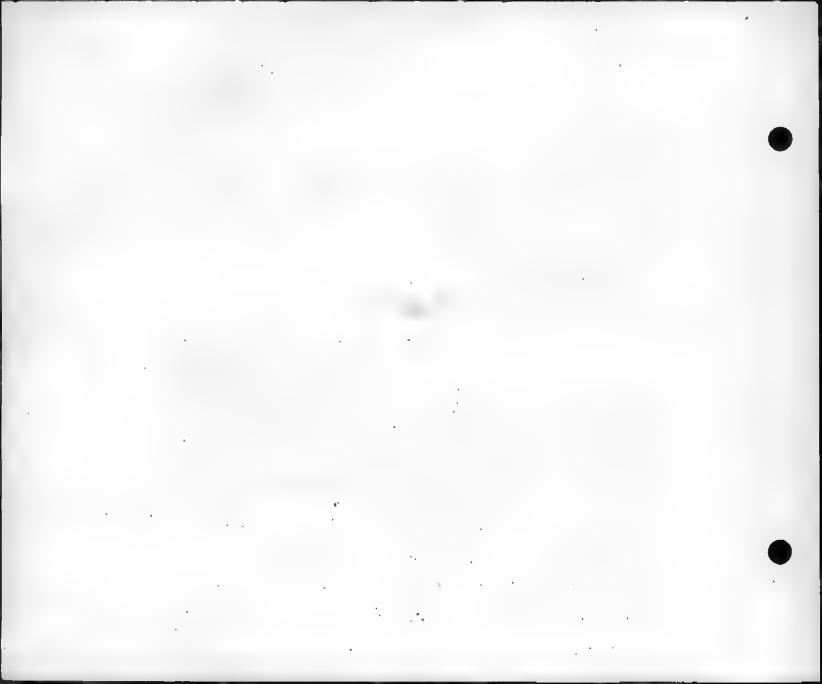
10 HOSPITAL OR ATTENDING PHYSICIAN: The lam requirem that the death certificat be executed mitmin_24 Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1572	12		CERTIF	ICATI	E OF DEAT	Ή		15	717	
1.	PLACE OF DEAT 8. COUNTY	H			1	167	NCE (Where dec	eased lived, If Ins	/1/1	dence before	adm Jssion
		OME. CY		MAF	RYLAND	a. STATE	ARYLAN	b. COUP		TG OM	PRI
	b. CITY OR TOV	VN (if outside corpor: and give nearest to	ate limits,	c. LENGTH OF ST	AY IN 15	c. CITY OR TOWN	(If outside corp	orate limits, wr	ite RURAL an	d give near	est town
	WILUE	EROTRIN	(2			SILVER	APR:NO	MS		,	- /
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not In I	iospital, give street	address	d. STREET ADDRES	S	1,7			ESIDENCE FARM?
	901 1 x	MOOLPHKS.	(HOLY	HAMILY SEM	NARY	401 17	ANDOLP	H KJ.		YES 🗍	No 🖸
3.	NAME DF DECEASED	F	írst	Middle		Last	4. DATE	Monti	1	Day Y	ear
_	(Type or print)	VOSE.	PH	(NMI)		UENSA	DEATH	4110		6 /19	
5.	SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔽 8	. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Da		
	1';	I W	WIDOWED			I tes 13	183	84-yrs.			
dur 1Da	Ing most of work	TION (Give kind of worl ling life, even If retir	ed) !	KIND OF BUSINESS (INDUSTRY	DR	11. BIRTHPLACE	(County & State,	er fereign country) 12. CITIZ	ZEN OF WHA	AT
		42	(HURCH		SPA	7 N		0	SA	
13.	FATHER'S NAM					14. MOTHER'S MA	IDEN NAME				
		JOWN				UNKNOU	(גע				
15. (Ye	. WAS DECEASED	EVER IN U.S. ARMED F (If yes give war or dates	ORCES? 16.	. SOCIAL SECURITY	VO. 17.	INFORMANT	/	Addre	3	0 -	-
	No		2	13-56-	1701	THIHER HO	FFMAN	401 KA	UDOLPH	E 7.4	1 190.
	18. CAUSE OF	DEATH [Enter only o	ne cause per	line for (a), (b), and	(c).]			1-19		NTÉRVAL B ONSET AND	ETWEEN
	PART I. D	EATH WAS CAUSED B' IMMEDIATE CAUSI	Y: E (a)	1-226	226	2011/11/11	19/100	24/1cm	20 1	-20	Risk.
			TO		. 1	V		U'U-+	7,		
	Conditions, If	any, which	(b) 2	Selvet	6.000	E. 14/-	-600	76 C666	4 - "	dista.	The
	gave rise to cause (a), s		ETD /3	6.			harry	1 ,		11 1	
_	underlying caus		(c)	4 Tire 60	Mil	Carlet.	15447	al is ed	4 1	112	
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDIT	ONS CONTRIB	UTING TO DEATH BUT	NOT RELA	TED TO THE TERMINA	L DISEASE CONI	DITIDN GIVEN IN	PART 1(a)	19. WAS A	AUTDPSY DRMED?
S	L'OFFE	1 00134	- 110	2.1.1300/18	10 00	The retien				YES 🗍	NO D
囙	20a, ACCIDENT	WAS UNDERLYING	20b,	DESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature	of injury in Pa	rt I or Part II o	f Item 18.)		
S	(IF EITHER, NO	ING CAUSE OF DE	INER)								
S		INJURY Month, Day,	Year 2Dd.	INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, y, street, office bldg.	farm, 20f. (City or town)	(Count)	()	(State)
MEDICAL	Hour a.i	m. m. 19	While at wor		ractor	y, attest, unice bidg.	, etc.)				
		fy that (I) (this hos	,		from //	Sert	1925, to	mmel	. 19 67	, that (I)	(we) las
			187-1			death occurred at					
	22a. SIGNATU	RE .	1 1/1	7					22b. DATE		
		H TOTAL WELL	My will	Milly	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			
	22c. PHYSICI/ NAME (T	AN'S		5/2		22d. ADDRESS		2 (3	0	1 1/2	
		+ ICHAL	D Vice	I JELANEY	1/10	14525th	AUARD S	TVL	SPG.	14%	
23a	BURIAL, CREA	AATION, 23b. DATE	THEREOF	23c NAME OF	/ //.	. 1	234 L0	CATION (City, to	wn or count	y) (State)
	AUR"	74 10/VOV.	1967	GHIE 01	HE	AUEN'	12/12	EROPI	PING 1	1/2.	
24	FUNERAL DIR	T . 11	-	ADDRESS		رت. 25a. R	EC'D BY REGIS	TRAR 25b. R	EGISTRAR'S S	IGNATURE	A more
4	INHA31-	WNERAL TO	ME NL.	1400 AF HUE	NW.	Oc6/2-DATE	NUA 2.	1961	ware	es fue	

VR AI5 (4) 20M 1/65



PHYS CIAN'S NAME (Type)

23b DATE THEREOF

12-2-67

PUMPHREY,

230. BURIAL, CREMATION, REMOVAL (Spenfy)

24. FUNERAL DIRECTOR

22c.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

20140	CERTIFICATE	OF DEATH	· · · · · · · · · · · · · · · · · · ·	7349			
I. PLACE OF DEATH O COUNTY	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived, if institution:	Residence before odmission)			
b CITY OR TOWN (I positive corporate limits, write RURAL and this nearest town)	C LENGTH OF STAY IN 16	c. CITY OR TOWN (N outside carporate minits, write RURAL and gote nearest town)					
d NAME OF HOSPITAL OR INSTITUTION (If not in I	nospitol, give street oddressy	d. STREET ADDRESS	eda L	e IS RESIDENCE ON A FARM?			
3. NAME OF FIRST	Middle	8104 ZZ	4 DATE Month	Doy Year			
(Type or print) Charle	the F. Kupp	ent	OF DEATH MOV.	29 1967			
	MARRIED NEVER MARRHO	B DATE OF BIRTH		UNDER 1 YEAR JE UNDER 24 HRS onths Doys Hours Men.			
Do USUAL OCCUPATION (Give kind of work done during most of working life, even 'f retired) Housewife	106 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &		12 CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	farrell	14. MOTHER S MAIDEN NA	ME Stade	,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of serv	16. SOCIAL SECURITY NO. 17. I	NFORMANT A LANGE OF A	Address	Sume as			
18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).) Careinomatesis			NTERVAL BETWEEN ONSET AND DEATH			
DUE TO Canditions, if any, which gove) (b)	Primary duct care	inema, right	breast	2 years.			
rise to immediate couse (a), stating the underlying couse last.	rise to immediate couse (a), stating the underlying couse DUE TO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART (0)	19, WAS AUTOPSY PERFORMED? YES NO			
ACCIDENT WAS UNDERLYING COR CONTRIBUTING COR CONTRIBUTING COR CONTRIBUTING CORRECT MANIER (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	ort 1 or Part II of item 18)	170 100			
20k TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)			
21. I certify that (I) (this hospital saw the deceased glive on 11) attended the deceased from	, 19 t deoth occurred ot		, 19 <u>6</u> /that (1) (we) las I on the date stated above			
220. SIGNATURE	1 0.0	ATTENDING A	NED STAFE	936 DATE SIGNED			

M.D.

LOCATION (Olty of Town)

REC'D BY REGISTRAR

1967

Washington,

(County)

(State)

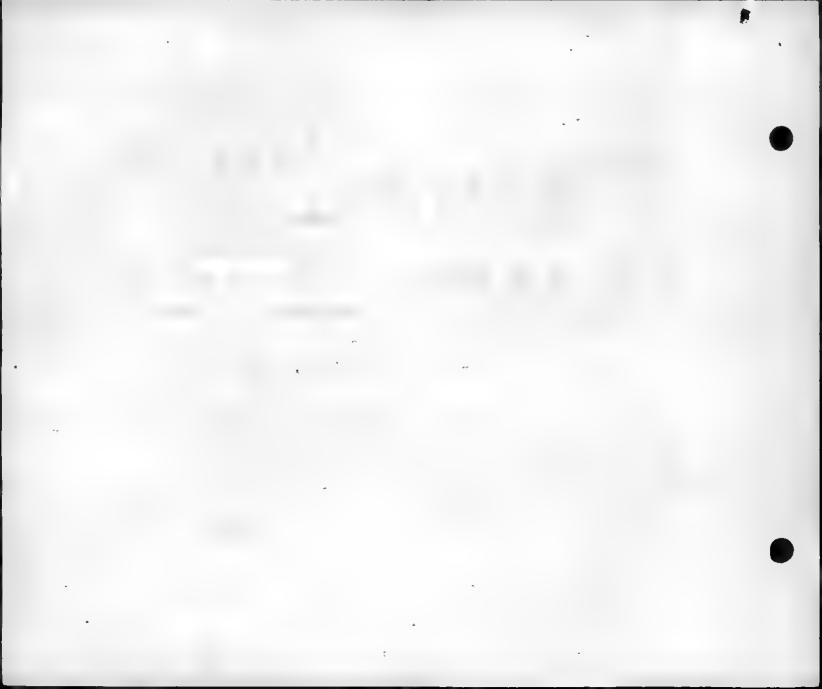
NAME OF CEMETERY OR CREMATORY

St. Mary's Cemtery

Bethesda, Maryland 250. REC'D

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers—Pages—Pand shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 7 thours of percents. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

IO NOWNITAL DE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Teath.



_5718

	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH							
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Res	sidence before admission)						
Montgemercy	MARYLAND	nary and mony	la missel						
b CITY OR JOWN (If outside purporate limits,	C LENGTH OF STAY IN 16	c CITY OR 10WN (If outside corporate limits, write RURA, and give nearest 10Wn)							
write, RURAL and give regrest town)	DO A	BARREH TARK	15-						
d NAME OF HOSPITAL OR INSTITUTION (If not 1)		d STREET ADDRESS	e IS RES DENCE						
Suburban Hospital	/	Vogot Montrose Au	ON A FARM? / YES NO D						
3. NAME OF PIEST P	DE PORRES /	Lost 4 DATE Month OF DEATH	Doy Year 26 1967						
	MARRIED NEVER MARRIED DIVORCED	10 lost birthdoy) Mont	DER 1 YEAR F UNDER 24HRS hs Doys Hours Min						
100 SHALOCCHPATION (Give kind of work done	10b K ND OF BUSINESS OR	MAY 22 1964 Styles yrs. BIRTHPLACE (Stote or foreign county) 12	2 CIT ZEN OF WHAT						
during most of working life, even if retired)	NDUSTRY	maruland	COLNIRY2.						
13 FATHER S NAME		14 MOTHER'S MAIDEN NAME							
PAUIDa Russillo		CASTRACARA, Angela							
15 WAS DECEASED EVER IN U. S. ARMED FORCES?	WAS DECEASED EVER IN S. ARMED FORCES? 1.16 SOCIAL SECUR TY NO. 1.17. INFORMANT Address								
(Yes, no, or unknown) (If yes give wor or doles of serv	1(e) — VA	w/ Russillo - Jother- (ca	(121mel)						
18 CAUSE OF DEATH (Enter on y one couse pe	r line for (o), (b), ond (c))	0	INTERVAL BETWEEN						
PART I DEATH WAS CAUSED BY MMED ATE CAUSE (o)	Abiliation	-1 60 sto 6 - 37 ent.	SWEET AND DEATH						
DUE TO			h						
Conditions, if any, which gove) (b)_	Cerebral 1	10 /54	3 9 1000						
rise to immediate couse (a), (DUF TO									
lost (c)									
PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERM WAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO						
200 EXTERNAL CAUSE WAS PRIMARY OF OF DEATH CAUSE OF DEATH	20P DESCRIBE HOW INJURY OCCURRED	(Enter noture of in any in Part or Part 1 of item 18)							
20c. TME OF NJJRY Month, Doy, Yeor Hour o.m. p.m. 19		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	(County) (State)						
21 I certify that I took charge of	21 I certify that I took charge of the remains described above, held on Autopsy 💢, Inspection 📈, Inquiry 💢, and in my opinion								
death resulted fram: Natural ca	death resulted fram: Natural causes 🖾 , Accident 🔝 Suicide 🔲 , Hamicide 🔝 Undetermined manner								
1	CHIEF MEDICAL EXAMINER								
SIGNATURE Jahn	13all	M D ASS STANT MEDICAL EXAMINER	7 / 22. DATE SIGNED						
EXAMINER'S NAME (Type) John G. Ba	и	DEPUTY MED CAL EXAMINER Address (Street, city, town, or county)	. / .						
230. BURIAL, CREMATION, 23b DATE THEREOF									
Drans-burial Nov. 29.	1967 St. Francis	Cemetery Providence, Rho	de. Island						
Montera Bire (Thomas Flore	34, 8434 Mergia A	Verine 250. REC'D BY REGISTRAR 256 REG STRA	R S SIGNATURE						

VR A15ME (5) 6M 1/67

FOR STATE HEALTH DEPT.

re Bepart

in pencil in Item 18. Give Pages 1, 2, and 3 to

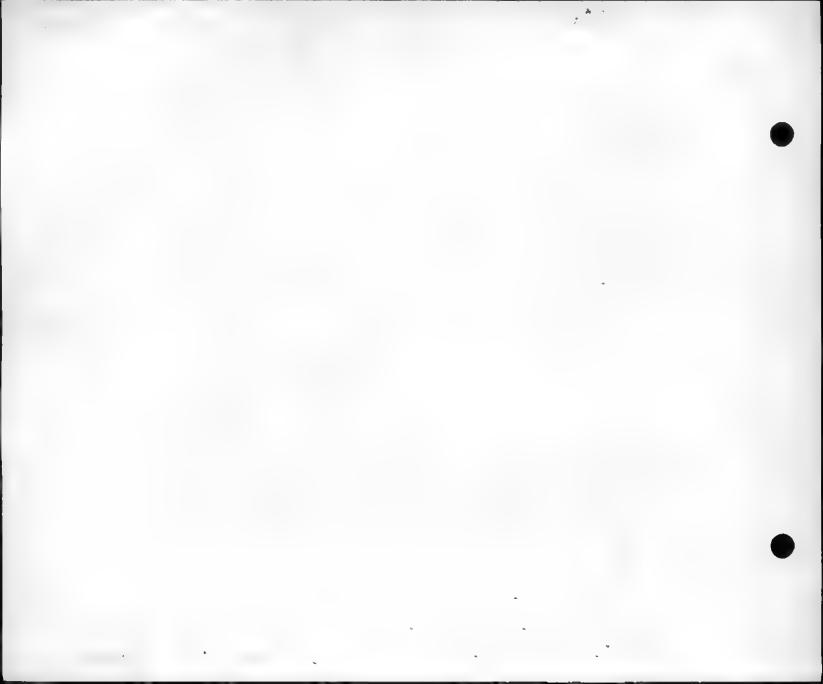
This certificate show d be executed within 24 hours after Beath. If any delay is

MIDICAL EXAMINER:

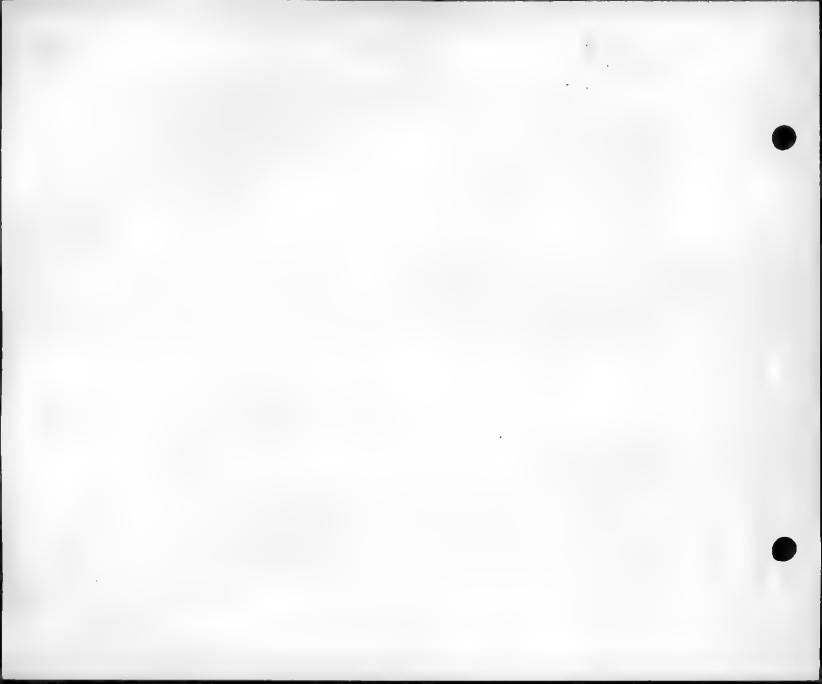
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form. PM3.

5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State

Health priar to burial, crematian, ar remayal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECOR N<u>.ST</u>REET, BALTIMORE, MARYLAND 21201 15719 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death funeral and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY offer MARYLAND the f c. LENGTH OF STAY IN 16 c. CITY OR JOWN (If gutside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside forparate limits. Purite RURAL and give negrest town) illed in popers: hin X2 ho e, IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d STREET ADDRESS YES NO signed by the attending physicion and campletely filler Eurial-transit permit. Then please remave carban poly burial, cremation, ar remaval, and in any event, within Middle Month 3 NAME OF First 4 DATE Doy DECEASED OF DEATH 19 (Type or pant) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX AGE (In Veors COLOR OR NEVER MARRIED last-birthdoy) Months Doys Hours DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done (aunty & State, or foreign country) during most of working life, even if retired) COUNTRY? Insurance 14 MOTHER'S 13. FATHER'S-NAME attending phys WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CYIESEI EYOTIC IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse as the State Dept. of Health prior to has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION far use NO X this certificate 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in/Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. While Not While factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After of work at work þe 19 Nov , 19 67, that (1) (we)-last 21. I certify that (I) (this hospital) attended the deceased fram October . 19 62 . to director, page 3 shauld shauld be filed with the 1967, and that death accurred at 9.458 M, fram causes and an the date stated above. saw the deceased alive on. VOV 220. /SIGNATURE DATE SIGNED 22b ATTENDING M.D. PHYS DIRECTOR PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) Barnes 23 NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b. DATE THEREOF 23d ALOCATION (City of Town) (Stote) (County) VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death cartificate se executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Behauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 70 had

pur ineral

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15700

					CERTIFI	OF DEATH				79130		
		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceo	sed lived, if institu	tion: Residence	e before odmission)	
	o. COUNTY Montgomery				MARY	AND	o. STATE Many b COUNTY M				otgomery	,
	k	b. CITY OR TOWN (It offiside corporate limits,			c. LENGTH OF STAY IN	CCITY OR TOWN (If of	itside corpore	ate I mits, write RI	JRAL ond give	neorest town)		
		write RURAL and give nearest tawn)			6 mos- 8	2/ /	hase		· ·	_		
		LUGEA :	AL OR INSTITUTION (If no	t in hospital air		0245	d. STREET ADDRESS	17030	,		e IS RÉSIDENCE	
. *	ì						21 21 21			Blud	ON A FARM? YES NO	
	2 6	Whea to	n Nursing	Home				Chevy				-
/	- 1	DECEASED	rii	51	Middle		Lost	9. DATE	Mo	im	Doy Year	
	5 5	Type or print)	6 COLOR OR RACE	1 WOODED F	H		DATE OF BIRTH	DEATH	AGE (In years	IF UNDER I	13 1967 1 YEAR IF UNDER 24 HI	
	3 3	DEA .	O CULUK UK KALE	7. MÁRRIED	NEVER MARRIED		_		lost birthdoy)	Months	Doys Hours Mil	
		19	ω		DIVORCED		7-4-91		760 yrs			_
			(Give kind of work done life, even if retired)	1110	ID OF BUSINESS OR		11 BIRTHPEACE (County		, ,	COL	IZEN OF WHAT UNITRY?	
	_	ng most of working U.—Gen.	Tect. Offi	.ce U.	S. Govit.		South Car		1	U	·S.1.	
		FATHER'S NAME					14. MOTHER'S MAIDEN					
	Η.	H. Sass	scer				Lieze Fite	ch				
	15	(es, no, or unknown) (If yes give wor or doles of service)			16 SOCIAL SECURITY NO. 17 INFORMANT			Add	Address			
	Ÿ	es	WW I	22	0-42-1488	Ha	rrison Sas:	scer,	Son, Sa	me as	#2	
			ATH (Enter only one cou	se per line for (o), (b), ond (c).)						INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Dehydialism ONSET AN								ONSET AND DEATH			
	DUE TO O A A A A								/	,		
		Conditions, if any, which gove) the Left hemister in									6 month	2
		rise to immediate couse (a), stoling the underlying couse (bst. (c)										
	ا ہ	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB. TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOP									19 WAS AUTOPSY	
)	ATTO		***								PERFORMED?	2
	CERTIFICATION	200 ACCIDENT WAS		20b. DESC	CRIBE HOW INJURY OC	CURRED (Enter noture of injury in	Port I or Por	rt I of item 18)			
			CAUSE OF DEATH MEDICAL EXAMINER)									
	MEDICAL	20¢ T ME OF INJU	JRY Month, Doy, Year	20d 1NJ	JURY OCCURRED		E OF INJURY (Home, forn		(City or town)	(CoJ	inty) (Stote)	_
	署	Hour o.r	n.	While of work	Not While	facto	ory, street, office bldg, etc.)				
		21. I certify that (1) (this haspital) attended the deceased fram how - 1967, to how 13, 1967, that (1) (we) last										
		saw the deceased alive an 1967, and that death accurred at 8.304 M, fram causes and an the date stated above.										
		220. SIGNATURE	0 1	1/-	1		ATTENDING /	MID	CTAFF	22b DA	ITE SIGNED /	
		/,	br muple	Remic	8	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS		11/13/67	
		22c. PHYSICIAN'S	0 -	-0.71	1-11015	,	22d. ADDRESS	%	» A	with	1 2//	
-		NAME (Type)	Nr 103E	PH-K	ENRICH		6450 W	isano	in the	Bellus	da, mg.	
	230	BURIAL, CREMATIC		REOF	23c NAME OF CEME	TERY OR (REMATORY	23d 10	CATION (City or T	own)	(County) (Stote)	
		Burial Specify	11/16	167	St. Thom	as O	hurch Cem.	C	room. Ma	arvlan	d	
1	24	FUNERAL DIRECTO			ADDRESS		2So RECI	D BY REGIST	RAR 2Sb F	REGISTRAR S SI	GNATURE	_
9	/	Touble "	May Poss	Xour.	Le maline	tou	DATE N	OV 2 0	1987	Milesy	in Judge	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		-00666			CERTII	FICATE	OF DEATH			15721
	1. PLACE OF DEATH					2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)				
j	o COUNTY MaryLand MaryLand					O. STATE Mahle Rahle D.C. b COUNTY Montgomery				
		h City OR TOWN (If a stude corporate limits C LENGTH					C CITY OR TOWN (If ou	· · · · · · · · · · · · · · · · · · ·		
	write RURAL and give nearest town)							er! Sbhiha! W		
	diwer opting				4 years	٤	Silvi	er opring	zolle, D	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				K	is the St., N.		UN A PAKM?		
13		Sylvan Mo	nor Health	Cente	t		2700/8	anken. Stheet	Hote	☐ YES ☐ NO
		NAME OF DECEASED	Firs	7	Middle		Lost		onth	Doy Year
	(Type or print)	Gertru	le	A.	Schen	Uhase	DEATH Novemb		
	5.		6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	D 🛺	DATE OF BIRTH	9 AGE (In years	IF UNDER 11	
	9	emale	Cauc.	WIDOWED	DIVORCE	0	Vou 19, 1882	last birthdoy)	INCHILIS	Doys Hours Min
	100.	USUAL OCCUPATION	(G ve kind of work done	10b K1	10b KIND OF BUSINESS OR 31 BIRTHPLACE (County & S			& Stote, or foreign country)		ZEN OF WHAT
	during most of working life, even if retired) Retired (lerk			11.5	U.S. Government Evansville, Ind			120 Indiana	1 /90	S-A
	13. FATHER'S NAME				400	14. MOTHER'S MAIDEN	NAME	Ob _a	2311	
		Gus Sch	rellhase				Louise 1	Munda		
	15		R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO	12.	NFORMANT	.Ad	dress	
	(Ye	s, по, or unknown) <i>n0</i>	(If yes give wor or dates of	service)		1 / / /	iehaus-Jans	om Juneral Ho	me	
			a Pil te .	ye		1/0	2 Gum Stree	I. (vansusili	India	
			ATH (Enter only one cous H WAS CAUSED BY	e per line for	(o), (b), ond (c).)	Λ	. 6 - 1.	0-		INTERVAL BETWEEN ONSET AND DEATH
		7201	IMMEDIATE CAUSE (•	IN TOTAL	ndi	al infa	rillion		
	DOE 10									
	(anditions, if any, which gave rise to immediate couse (a),									
		stoting the under	lying couse			1				
		last.		c)						
2	NO.	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	NTRIBUTING 1	<u>TO DEATH</u> BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20o ACCIDENT WAS	HMDERLYING (*)	20k Dr	SCOIDE HOW INHIDA C	CCHPPED	(Enter nature of injury in	Port 1 or Port II of item 1B.)		I ID I NO I
	틾	OR CONTRIBUTING	☐ CAUSE OF DEATH	200 00	SCRIBE HOW INJOKE C	CCURKED	(cines trouble of titlors in	roll of roll if at them (b.)		
	닐		MEDICAL EXAMINER)	1 40 1	UNION OCCUPANT	1 00 01 0	er of hamby at	100/ 100	15	/F \
	MEDICAL	20c. TIME OF INJU	IRY Month, Day, Year	20d II While	Not While		CE OF INJURY (Hame, form ary, street, office bldg , etc.		(Coun	nty) (Stote)
	Z	р.п	10	now to		100				
			fy that (I) (this has		ded the deceased	l fram_	Sopt,	19 63, ta PRE	ENT. 19	, that (1) (we) las
			eceased alive on	UEV	1967,	and tha	t death bccurred at	10 % M, fram cause		
		220. SIGNATURE	\mathcal{O}	1) 1	-		ATTENDING	MED. STAFF		TE SIGNED
			ranco (a)	Kent	2 mg	LM). PHYS. LX	DIRECTOR PHYS.	<u> </u>	25-67
1		22c. PHYSICIAN S NAME (Type)	FRANCIS	CHU	ta mo		22d. ADDRESS	ALVERT ST	hwl	NASH, DC
		BURIAL, CREMATIO		REOF	23c. NAME OF CEN	AETERY OR	CREMATORY	23d LOCATION (City or	Town) (i	(County) (Stote)
	1	REMOVAL (Specify)	Nov 28	. 196	Oak Hi	11. C	emeteru	Eunasvill	e. Indi	ana
		. EUNERAL DIRECTO	RAL OR OIL	-	ADDRESS		250. REG		REGISTRAR'S SIG	GNATURE
1	177	Thong &	Thomas Jo of	iomas	84 54 400	rgra	Hue. DATE	1962 8 27 AMA	1	C. La Car

TO NOSHIVE OR ATTENDING FILYSICIAM: The law requires that the leath certificate le executed within 21 haurs after death. Page 4 may be retained by the lespital ar ottending physician L. ang by the funeral Rages in 72 Hau **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely fillled in director, page 3 should be detached for use as the burial-transit permit. Then please remave carban dapers, should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 7271

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

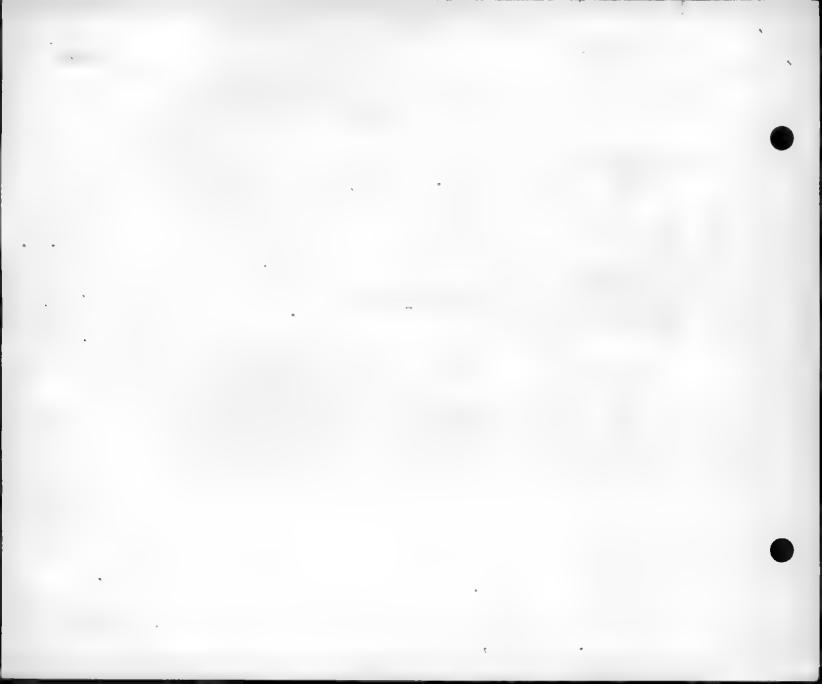
		DIVISION OF VITAL RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE, MARYLAND 21201
1		15729 CERTIFICATE	OF DEATH
)		PLACE OF DEATH D. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. STATE b. COUNTY
		write RURAL goar give nearest town! 18 days	c CITY OR TOWN (If outside comporate limits for the RURAL and give nearest town)
7		d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to), give street oddress)	d STREET ADDRESS GGC 5 - (Frank Lay 5 + YES NO 2
		NAME OF First Middle DECEASED (Type or print) Emma M. Sch	OST 4 DATE Month Boy Year OF DEATH SULL'S 10 1967
	5	emale-121/2/ fe WIDOWED DIVORCED	B DATE OF BIRTH 9 AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS lost buttbday) 12 30 8 9 AGE (In years let UNDER 24 HRS Menths Days Hours Menths Menths Days Hours Menths Menths Menths Menths Menths Menths Menths Menths Menths
/	dun	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) INDUSTRY	New Hampshire 12 (IT ZEN OF WHAT COUNTRY? U. S.
	L	FATHER'S NAME Leonard Kuhn	14 MOTHER'S MAIDEN NAME Julia Posselt
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 18. 19. or unknown) (If yes give war or dates of service) 220-44-2638 JI	His Herman carries
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	J. Willaliam d. Interval Between Tonset and Dealth
		Conditions, if ony, which gove (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Infanction, 19 DAYS
		stoting the underlying cause (c) Hayanta Toper But Not RELATED TO	THE TERMINAL DISEASE CONDITION CIVEN IN DADT 1/2) TO WAS ALTORY
	CERTIFICATION	Ostro out it's sever	PERFORMED? YES \ NO \
•		OR CONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part - or Part H of Item 18)
	MEDICAL		ACE OF INJURY (Home, form, tory, street, office bldg , etc.) 20f (City or town) (County) (State)
			it death accurred at 5,30 M, fram causes and on the date stated above
		220 SIGNATURE Coul M.E	1115
		22c. PPAYSICIAN S NAME (Type) ROBERT G. ANGLE	Bethesda, Maryland
	23c	BUR AL, CREMATION, PREMOVAL (Specify) 11-14-67 BUR AL, CREMATION, PARKET OF CEMETERY OR CALL (Specify) 11-14-67 Oak Hill Cemetery Or Call Control of Cemetery Or Call	
	24	Charles processes	yland 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
			NOV 1 4 1967 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177 - 177

10 IIISPITAL III ATTEMIIN FINYSICIEM: The law requires that the death certificate be exacuted within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I gad shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after deci



	CERTIFICATI	OF DEATH		19453
1. PLACE OF DEATH			here deceosed lived, if institution	
O. COUNTY POMERY	MARYLAND	MARYLAND	b. COUNTY	NTGOMERY
b CITY OR TOWN (If outside corporate limiturite RURAL and give nearest tawn)	rs, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL	ond give nearest town)
SILVER SPRING		JILVER	SPRING	, ,
d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	-	e. IS RESIDENCE ON A FARM?
HOLY CROS	SS HOSPITAL	8201	16 th 57	YES NO
DECEASED	First Middle	CHOOLER	4 DATE Month OF	Doy Year 1967
(Type or print) 27/48. SEX 6 COLOR OR RACE		B. DATE OF BIRTH	9, AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS.
FW	7 MARRIED HEVER MARRIED	10-31-0	In at heigh day of	Months Doys Hours Min.
o USUAL OCCUPATION (Give kind of work don- uring most of working life, even if retired),	e 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County &	State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
ITOUSEWIFE		Marylar	nd	U.S.A.
FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	ME	
	hen	Celia		
 WAS DECEASED EVER IN U.S. ARMED FORCES Yes, no, or unknown) (If yes give wor or dotes 	of service)	INFORMANT	Address	I was lift of lack.
		Iron I. Weins	tein-12015 Co	ld Stream Dr.
TB. CAUSE OF DEATH (Enfer only one co		1 /	,	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUS	(a) Luivaceizbia	/ Ndeu	corchage	OHACI AND DEATH
	E TO		/	24485
Conditions, if any, which gove rise to immediate couse (a),	(b)			
stoting the underlying couse	Ruptured Zeci	lar intra	Constal miserio	Sayab P WILL
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				PERFORMED?
20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	art Lor Part II of Item 18.)	125 FT 110 F
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(,	
20c TIME OF INJURY Month, Doy, Year	20d INJURY OCCURRED 20e PLA	ACE OF INJURY (Home, form,	20f (City or town)	(County) (State)
Hour 'o.m. 19	While Not While of foo	tory, street, office bldg., etc.)		
2110	spital) attended the deceased fram_	10/26 .19	67 to 11/4	. 1% 7, that (1) (we) la
sow the deceased alive on_		it death accurred a		d an the date stated abov
220. SIGNATURE				22b. DATE SIGNED
Louis V	-OXI Ward M		MED. STAFF PHYS D	-/
22c. PHYSICANS	7:23	2	ois spring	STILL
NAME (Type) John / ha	MIZS LORD	Silve	r Spring	5 KRT
30 BURIAL, CREMATION, 23b DATE TO REMOVAL (Specify)	2 . 4	CREMATORY	23d. LOCATION (City of Town	
busial 11-5-	THE THE CAN CALL THE	1 Cemetery		Maryland
24. FUNERAL DIRECTOR	ADDRESS 3 501-1	474 St. NOW SO RICD	BY REGISTRAR 1967 25b REGIS	STRAR'S SIGNATURE
3, - 1 Day - 1-1/11	AND CAME Who at Some	DATE NO I	0 1001 %	The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after the content of the co Page 4 may be retained by the haspital ar attending physician.

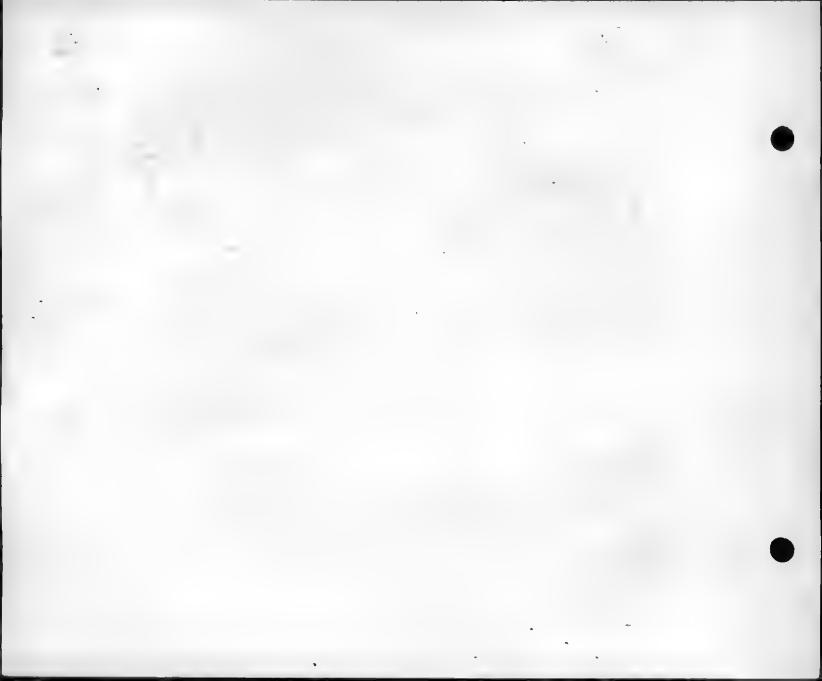
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death



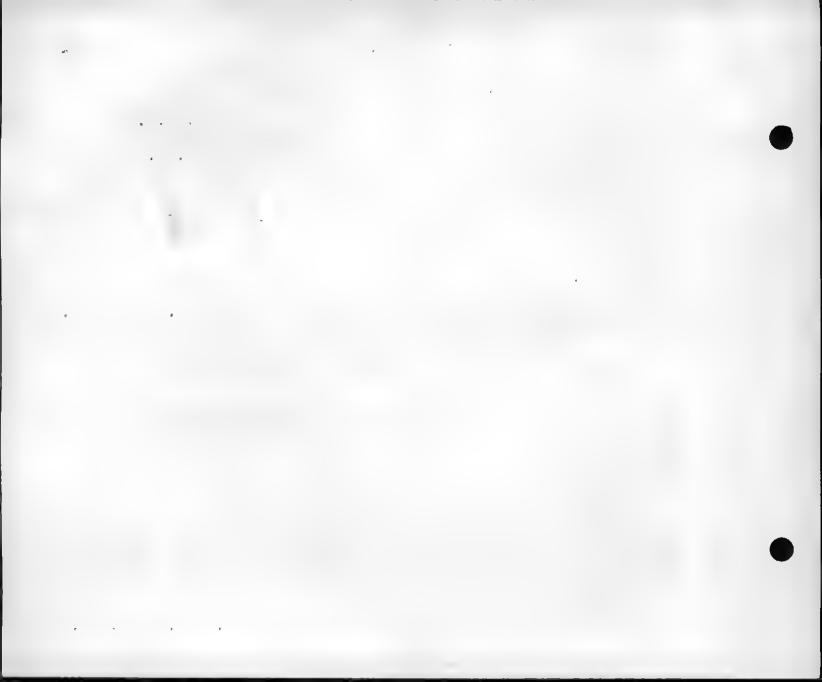
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	20100	CERTIFICATE	OF DEATH		15724
	PLACE OF DEATH			e deceosed lived, if institution	
	o. COUNTY Nontamery	MARYLAND	O STATE MARG	LA MAD b. COUNTY	Mortgomery
	b CITY OR TOWN (If outside corporate firmits,	c. LENGTH OF STAY IN 16		corporate limits, write RURAL	ond give rieggest town)
	write BURAL and give nearest town)	4 weeks	Silver	Spring	3
_	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi		d. STREET ADDRESS	The state of	e. IS RESIDENCE
	Holy Cross		3438	Chisens	ON A FARM?
	NAME OF First	Middle		DATE Month	Doy Year
	OECEASED (Type or print) Henry	Sch	ulthers	OF DEATH	ão 19 67
-	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (n years	F UNDER 1 YEAR IF UNDER 24 HRS
	(widowed	DIVORCED	213199	lest birthdoy)	Months Doys Hours Min
00	. USUAL OCCUPATION (Give kind of work done 10b. KIN	ID OF BUSINESS OR	11 BIRTHPLACE (County & St		12 CITIZEN OF WHAT
Jur	("	oustry zineerina	New Us	ack	COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Anton Schultheis		Louisa Go	ssmeiler	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 Sep., po, or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17. 1	NFORMANT	3. Address	Chiswick Ct.
,	Ges 226	5-26-0199-A E	lizabeth Schu	Itheis Silve	r Spring Mid.
	18. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), and (c))			NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ETASIATIC	CEREBRA	2 CA	6- Frills
	DUE TO 111		12 11 markin	ich a	1
	Conditions, if any, which gove nse to immediate couse (a),	1915/11/6	15/11/6/11	X7 C.A.	12000
	stating the underlying couse	47 M . M. MAY	1 Niane	gar pl. gare,	7
	lost (c) (//	TCC Troppin	- 1/1/05	KI I	The living Autonom
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
5					YES NO 🗌
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	Enter noture of injury in Port	1 or Part II of Item 18 }	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	tuny occupants. Los may	tr or hitigay /II I	706 (6.4 44)	15-4-1
MEDICAL	Hour om. While		CE OF INJURY (Home, form, ory, street, office bidg, etc.)	20f (City or town)	(County) (State)
=	p.m. 19 of work		11/3/ 10	1 2 to 1 5 5 m 1 6	10/. /41-1/11/11/11
	21. I certify that (I) (this hospital) attend sow the deceased above on 11/9	ed the deceased from	death accurred at	Allert I V and the state of	, 19, that (I) (we) last and on the date stated obove
	720 S GNATURE	, one mor	deom occorred of 72	Z MI, HOIH COUSES OF	225. DATE SIGNED
	The delivery	16h 1740 m	ATTENDING MEI	ECTOR STAFF	11/20167
	22c PHYSICIAN'S	1 -1	22d. ADDRESS	ıA.	>
	NAME (Type) FRANCIS C ////	AYLE VR	82/8 Wisc	ensial HUE	BETHESA
230	D. BURIAL, CREMATION, 23b. DATE THEREOF	230 NAME OF CEMETERY OR	CREMATORY .	23d. LOCATION (City or Town	i) (County) (Stote)
In	REMOVAL (Specify) Nov. 24, 1967	Flushing Com	eteru	Plushina. Ne	w rock
3	CHAIRACON Calen Carter	ADDRESS .	Jenue 250 REC'D BY		STRAR'S SIGNATURE
11.	arnor E. Pumphrey, Inc. ?	ilver Spring	Old DATE NOV	2 4 1967 20	Marle Judge
			-7-8		

TO MOSPITAL BRATTENBING PAYICIAN: The law requires that the death certificate be executed within 24 hours after dea TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by The fune director, page 3 shauld be detached for use os the burial-fransit permit. Then please remove corban papers. Pages 4 is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the Poge 4 may be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15725 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o STATE . n CUNTY b. CITY OR TOWN (If outside corporate limits.) c LENGTH OF STAY IN 16 write RURAL and give nearest town) within 24 hours mashington d Sieff The Army d. NAME OF HOSPITAL OR INSTITUTION (If most in hospital, give street address) e IS KES DENCE ON A FARM? 6200 Oregon Ave. NO I NAME OF Middle 1 DATE Year DECEASED Seaman orence NOW. 196 or removal, and in any event, (Type or print) DEATH S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In IF UNDER 1 YEAR IF UNDER 24 HRS fost Months Doys WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (Co. y & State or foreign requires that the death certificate be during most of working life, even if retired) INDUSTRY **COUNTRY 3** Illinous Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oliver C. Look Katherine Beedle 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service Jonathan Seaman - Ft. Meade. signed by the atter burial-transit perm buriol, cremotion, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO mosclinote bent disease Conditions, if ony, which gove use to immediate cause (o). DUF TO stating the underlying cause been s the ior to lost **ATTENDING PHYSICIAN: The low** WAS AUTOPSY PERFORMED? SOY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO certificote 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1) of item 18) detoched fite Dept of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year (C ty or town) (County) (Stote) Hour 'o m factory, street, office bldg, etc.) Not While TO FUNERAL DIRECTOR: After of work 21. I certify that (I) (this haspital) attended the deceased from be retoined director, page 3 should should be filed with the 18/2 saw the deceased alive on and that death occurred of M. from causes and on the date stated above 22a SIGNATURE M.D. 22c. PHYSICIAN'S ADDRESS O HOSPITAL NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BUR AL CREMATION. (County) (Stote) REMOVAL (Specify) Arlington Cem. National Myer 24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15726

TE FUNERAL DIRECTOR: After this certificate has been ligared by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers—Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. Page 4 may be retained by the hampital ar attending physician.

	15732		CERTIFI	CATE OF	DEATH			1572	6
	PLACE OF DEATH o. COUNTY O. TOWN (If outs write RURAL and give	side corparate imits,	MARYI c LENGTH OF STAY IN	.AND 0.	SUAL RESIDENCE (W. STATE Mary) TY OR TOWN (IF LUI	eside carporate limi	b. COUNT ts, write RORA	rues	is GoV
4	Jashington	Drn torium		- 11	TREET ADDRESS	11 Mar ar Ridge	gland, Osi	ne	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) SEX 6. C	Annes OLOR OR RACE 7 A	Merthan MARRIED TO NEVER MARRIED		Last E OF BERTH	4 DATE OF DEATH	Month Mov.	Day 28 IF UNDER 1 YEAR	
_	female h	shite w	IDOWED DIVORCED	6 2	-25189	7 lest	birthday) O Yrs	Months Days	Haurs Min.
dur	I USUAL OCCUPATION (Give ing most of working life, ex FATHER'S NAME	ven if retired)	106 KIND OF BUSINESS OR INDUSTRY		BIRTHPLACE (County & Europe MOTHER'S MAIDEN N	-Lithua		12 CITIZEN OF COUNTRY?)
15. (Y)	. WAS DECEASED EVER IN U es, na, ar unknawn) (If yes	s give war ar dates of serv	1	17. INFORM	0	Austo	Address d La	ne as	#2-
	PART I. DEATH WA	AS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO h gave se (a). DUE TO	r hine for (a), (b), and (c)) Consestive ArToriuscler		Fortur least Do	(a) e		Sev	TERVAL BETWEEN USET AND DEATH LEVEL WORK LEVEL WEEK
CERTIFICATION		ETDI & RVThy ERLYING II USE OF DEATH	.1:5, Cashing Syn 206 DESCRIBE HOW INTURY OC	di one f	ron-Long ?	torm Cort	Trastero.		PERFORMED?
MEDICAL	20c. TIME OF INJURY A Hour a.m. p.m.	19	20d. INJURY OCCURRED While Nat While at wark at at wark	factory, str	NJURY (Hame, form eet, affice bldg , etc.)		ar town)	(Caunty)	(State)
	21. I certify the saw the decease 22g SIGNATURE?	at (I) (this hospital) attended the deceased tember 28 1967, a	rom <u>Oun</u> nd that dea	th accurred at	9 <u>67</u> , ta <u>No</u> 3:30 PM, fran	<i>rember 0</i> n causes al	<u>¥</u> , 19 <u>67,</u> th nd on the dat 1 225 DATES GN	te stated abov
	22c PHYSICIAN S	tuart L. N.	elson	MD PI		DIRECTOR L	STAFF D	11-28	-67
231	BURIA, CREMATION, REMOVAL (Specify) Burial	23b DATE THEREOF Dec. 1st.	67 Cedar Hi	ll. Cem	leterv	23d 10(AT ON Suitl	. ,	n) (County aryland	
-	immons Bros	Bros.	ADDRESS W 1661-Gd. Hope	ash. DO	25a REC D	BY REGISTRAR		ISTRAR S SIGNATU	notet.

Bros. F. Home. 1661-Gd. Hope Rd. SE.

TO HOSPILIAL BY ATTENDING PEYSICIAN: The law requires that the death certificate be exercised within 24-faurs VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

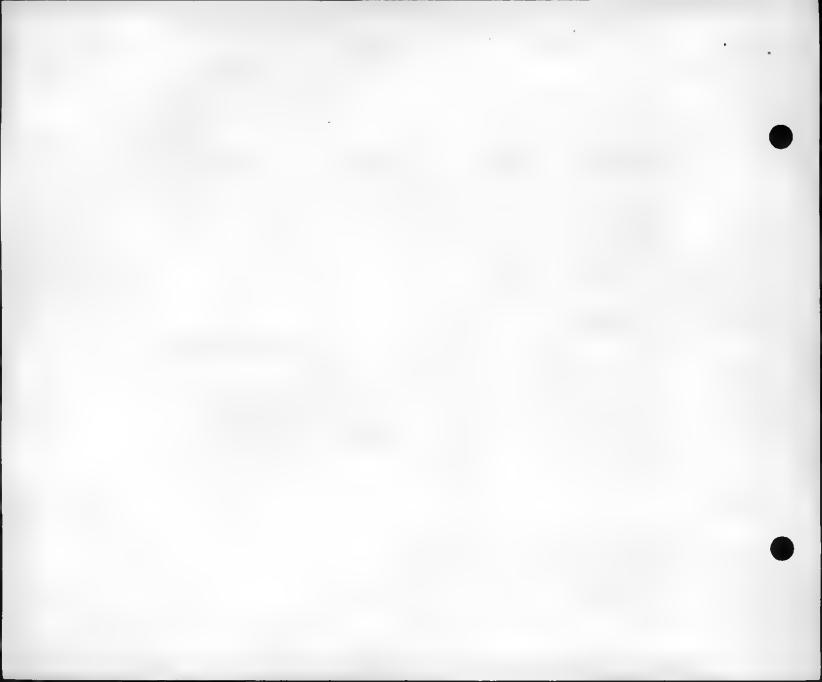
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15727

		ÇEKTIFIÇATE	OF DEATH	
		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence	before admission)
		G. COUNTY/ DON'T COME RIX MARYLAND	MARSland Minty	
		CITY OR TOWN (If outside corporate limits CENGTH OF STAY IN Th	C CITY OR COWN (If outside corporate limits, write RURAL and give	
	K	write RBRAL and give negrest town)		nedies Vani
		ethera 33 Bays	Kochville)	T - If OCCUPANCE
qn.	<	d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
d)	Woundan Hospital	604 MONROE St. Het 2	YES NO
		NAME OF AA First Middle	Losy 4. DATE Month	Day Year
	(OFCEASED (Type or print) MARTHA LOLA	DEX FOU DEATH NOV	11 1967
			B DATE OF BIRTH 9. AGE (In years I FUNDER 1)	YEAR IF UNDER 24 HRS
	1/3	Em de Wilder WIDOWED X DIVORCED		Days Haurs Min
	10n	US_AL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, ar fareign country) 12 CITIZ	ZEN OF WHAT
	dur	ng most of working life, even if retired) #NDUSTRY	(OUI	NTRY?
		NIMAL CARETAKER NIH		5.A.
	13	FATHER S NAME	14. MOTHER S MAIDEN NAME	
		LARK WILLIS	OLIE Bowen	
		WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 I	INFORMANT 1403 Languetous PLAC	0. 0 .
	(Te:	s, no, or unknown) (If yes give war or dates of service) 217-30-1171	THE I CHUTE DOUGHTON	COCK VILLE
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	THE ABOUT STORY	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY	1: with internation	ONSET AND DEATH
		Milliediate CAOSE (0)	ta yasan ring water	
		Canditions, if any, which gave	*	
		pro to immediate square (n)		
		stating the underlying cause DUE 10	,	
		lost. (c) Warnellay	- ofer	
	- F	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d)	19 WAS AUTOPSY PERFORMED?
,	CERTIFICATION	Mycloproliferaline disard		YES NO
	읦		(Enter nature of injury in Part I or Part II of item 1B.)	
	CERT	OR CONTRIBUTING CAUSE OF DEATH	,	
		(IF EITHER, NOTIFY MEDICA. EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLAC	CE OF INJURY (Home, form, 20f (City or town) (Cour	ity) (State)
	MEDICAL	Haur o.m. While Not While foctor	tory, street, office bldg , etc.)	uh) (um.s)
	≥	p.m. 19 atwark Latwork Latwork		
		21. I certify that (*) (this hospital) attended the deceased fram_saw the deceased alive on	Oc 7 9, 1967, to 11/11, 196	Z, that (I) (we) last
		saw the deceased alive on		
		220 SIGNATURE	ATTENDING MED STAFF 226 DAT	E SIGNED
		4,6 Denla Celle		
		22c. HYSICIAN'S	22d ADDRESS	- 1/ 5
1		NAME (Type) J. Daniel Zilkes	6405 'inston Drive, Bothe	de, Mary an
	230	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (State)
	12	REMOVAL (Specify) urial Rockville C		
	24	FLINERAL DIRECTOR ADDRESS	250 DECID BY DECISTRAD 25h DECISTRAD'S SIG	
4	T	yson Wheeler Funeral Home 1731 Rocky	11 1 11 11 1 1967 Www.	
Δ		Noulville,	Lary DAMINUV 14 1001	0 6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the Novella director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon, pages to Pages than 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 2 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 leaves Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15728 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o. COUNTY MONTGOMERY MARYLAND MONTGOMERY b (ITY OR TOWN (f outside/corparate limits Departmen c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURA, and give nearest tawn) BETHESDA YEARS BETHESDA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give Street address) d STREET ADDRESS e S RESIDENCE ON A FARM? Office along with form Give Pages 5805 LONE DAK YES NO X NAME OF DATE DECEASED pages 1 and 2 with the ARGARET SHADA S SEX B DATE OF BIRTH 9 AGE (n years 7 MARRIED NEVER MARRIED last birthday) in Item 18. and in any event within 72 haurs after death DIVORCED Der 31 1920 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? New York the Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME John Murtagh Elizabeth MacLear permit. File 5 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOC AL SECURITY NO Husband Address (Yes, na, ar unknown) (If yes give war ar dates of service) Same as Item 2. John Shada No 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN burial-trans't PART I DEATH WAS CAUSED BY Acute Coronary thrombosis, descending branch, left sudden IMMEDIATE CAUSE (a) icate, writing the ward be farwarded ta the Ch DUE TO Advanced coronary arterioselerosis Conditions, Fany, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause burial, cremation, or remayal, PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(0) 19 WAS AUTOPSY PERFORMED? please execute the certificate, YES INO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of mury in Part I or Part II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) factory, street, affice blda.. etc.) While at wark I at wark 21. I certify that I taok charge of the remains described above, held an Autapsy 📉, Inspect an 🎮, Inquiry 🤼 and in my apinion death resulted from: Natural couses 🖈 Accident 🗍 Suicide 🧻 Hamicide 🗍 Undetermined manner funeral director CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL Address (Street, city, tawn, or county) Bethesda. Md. NAME (Type) the 23a BURIAL (REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 11-22-67 Silver Spring, Md. Gate of Heaven Cem. **ADDRESS** 2Sa REC D BY REGISTRAR VR A15ME (5) PUMPHREY, Bethesda, Maryland



Lashington

e. IS RESIDENCE

YES

1967

Days

12. CITIZEN OF WHAT

· u · A

laude

YES

(County)

DATE SIGNED

11-28-67

196

INTERVAL BETWEEN ONSET ANO DEATH

WAS AUTOPSY

NO E

(State)

(State)

PERFORMED?

ZUHS

COUNTRY?

ON A FARM?

Year

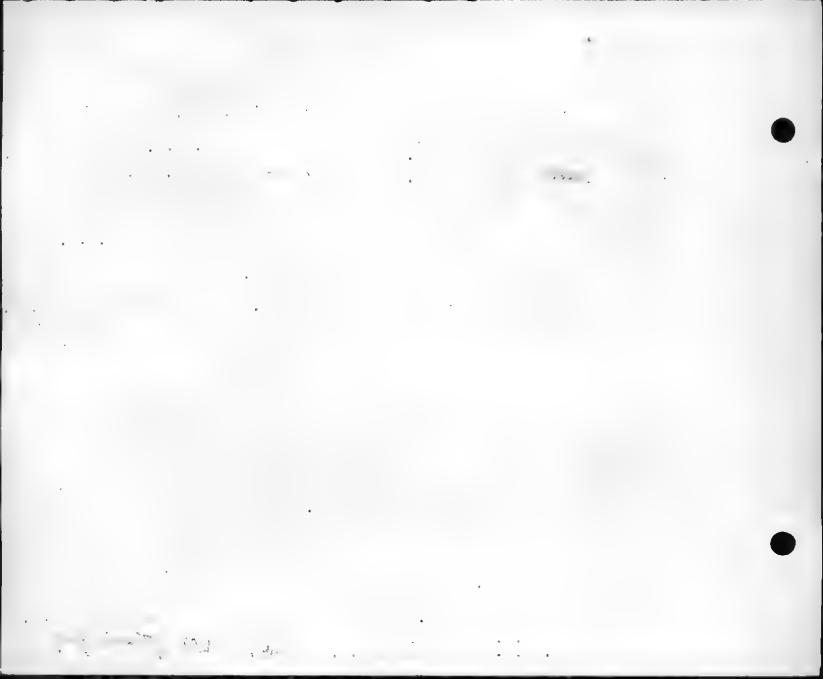
19

Hours

NO .

-ane

VR #15 20M



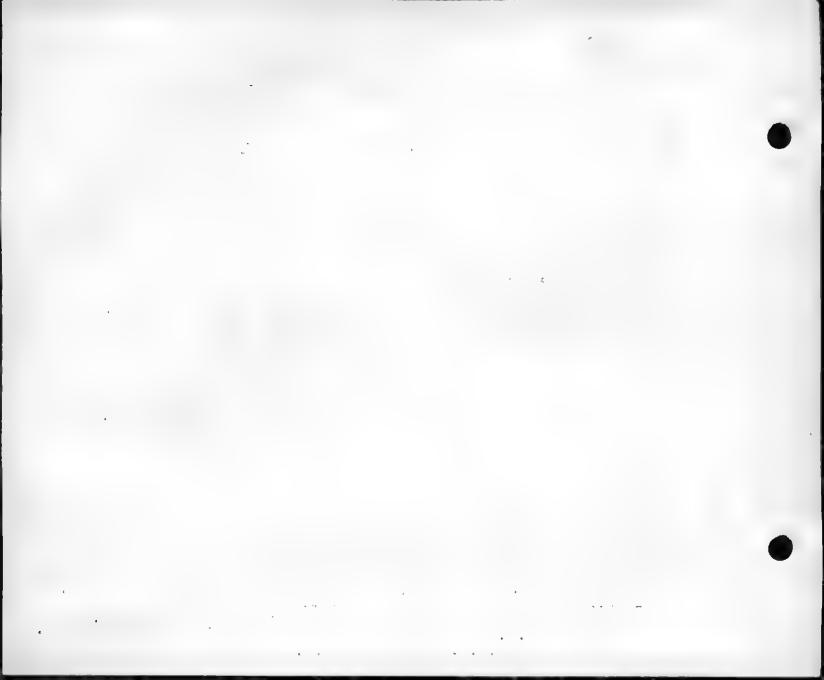
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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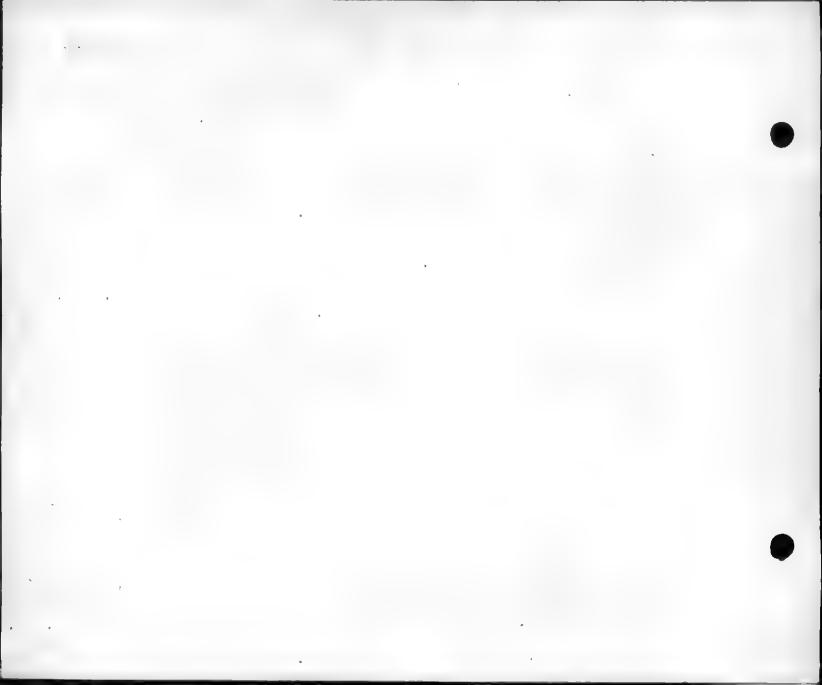
		70192				CERTIF	ICATE	OF DEATH			721	3.0	
		PLACE OF DEATH						2. USUAL RESIDENCE (V	Vhere deceos	ed lived, if institu		e before odm s	sion)
	C	Montgom	erv			MAR	YLAND	o. STATE Pennsy	lvania	b. COU	NIY		
	į	CITY OR TOWN (f autside carparate limit give nearest town)	5,	(L	ENGTH OF STAY	IN 1b	c CITY OR TOWN (If ou	tside corporo	te limits, write RU	RAL ond give	neorest town)	
		Bethesd	a.			l day		Nottin	gham				
	C	. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hosp	itol, give st	reet oddress) 2(0014	d. STREET ADDRESS				e IS RES	SIDENCE FARM?
	Th	e Clinic	al Center,	Bethe	sda,	Maryland	1	Route	1] NO [∑3
		NAME OF DECEASED		rs†		Middle		Lost	4 DATE OF	Mon	th	Doy Y	regr .
	(Type or print)	Ton	,		Jay		Sheets	DEATH	Novemb		14 19	
	\$ 5		6. COLOR OR RACE	7 MARI	RIED 🗌	NEVER MARRIEI		B. DATE OF BIRTH	9	AGE (n years lost birthdoy)		YEAR IF JND Days Hours	
		Male	White	WIDO	WED	DIVORCEI	D 🔲	14 April 196		2 yrs.			JAIN.
	10o.	USUAL OCCUPATION	(Give kind of work done	10	Ob KIND OF INDUSTR	F BUSINESS OR		11. BIRTHPLACE (County)	& Stote, or for	eign country)		IZEN OF WHAT	
	_	ng most of working						Pennsyl			U.	INTRY? S.A.	
		FATHER'S NAME	1 1 **					14. MOTHER'S MAIDEN N					
			heets, Jr.							L. Coc			
	15 (Ye:	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dotes	of service)		L SECURITY NO.	17. 1	NFORMANT The M	edical	. Record	ess 9		
					411	one	The	Clinical Co	enter,	Bethesda	Mary.		
		18 CAUSE OF DE	ATH (Enter only one con H WAS CAUSED BY:	se per lu	भारति है	ervical	Tumo	or and Absco	ess/			NTERVAL B ONSET AND	
		17400 00000	IMMEDIATE CAUSE		?	Lymphos	arcor	na				4 mo	nths
	- 1	*ON	DUE										
	-1	Conditions, if any, rise to immediat	foliasura (n)	(b) <u>S</u>	ubcut	aneous	hemor	trhage at ti	racheo	stomy si	te	minut	es
		stoting the under							4				
		lost.)					sion and dis			mass/	19 WAS AU	TORCY
1	NO.	PART II. OTHER SI	GNIFICANT CONDITIONS	ONIKIBGI	NG TO DEA	TH BOT NOT REC	LATED TO 1	HE TERMINAL DISEASE CON	IDITION GIVE	N IN PAKT I(G)	mass	PERFOR	WED3
	3	00		1 00			causa en					AE2 X	NO [
	CERTIFICATION	OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	20	b. DESCRIBE	E HOW INJURY O	CCURRED. (Enter noture of injury in I	Port I or Por	1 11 of item 18)			
			MEDICAL EXAMINER)	- 1	od INJURY	Occupato	20- Pl M	T OF HUIDY (b (20f	(City or house)	(Cou		(Stote)
	MEDICAL	Hour o.n		_	While	Not While		E OF iNJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(COU	10.81	(21016)
		p.n			t work	at work	f N.	overambara 7/ 1	0 617 4	Monombos	2 1 / 10/5	"Y LI Lafet	
		21. I cerru	ny that (THE (This has	pital) ai Inven	mended t iber 1	ne deceased	and that	ovember 14, 1 death accurred at	9 <u>07</u> , 1	MOVEMBE	ر ۱۹۵ ویکیات and an th	∠, fnar (AL)	(we) (ast
		220 SIGNATURE	rocused dilve dil	7	1001 1		una mai		Р	M			967
		(1)	IN MA	1/171	il 1	MD	M.D		MED TIRECTOR	STAFF PHYS		Novembe	
		22c PHYSICIAN'S		VA_111.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22d ADDRESSThe			iter.Na	ational	
		NAME (Type)	Paul P.	Carb	one,	M.D.		Institutes	of H	ealth, Be	ethesda	a_Md_20	014
	230	BURNAL-CREMATAC		EREOF	236	NAME OF CEM	ETERY OR (AL MATORA	23d LO	cation (City or To	own)	(County)	(Stote)
		REMOVAL (Specify		6/67			Pre	sbyterian		ch Bott	om R	D.	
	24.	. FUNERAL DIRECTO	R The S.H	Tib	es C	ADDRESS		2So. REGAL		AR 1912 R	ECISTANT	GNATURE (Lie
		290)1 14th S	t.N.	W. W	ashing	ton,	D.C. DATE	0 4 10	0 1007	1	reas fee	2

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Agges I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after detact Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67



29-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 18-21 Film 395 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a COUNTY MARYLAND b CITY OR TOWN (If outside corporate I mits C LENGTH OF STAY IN 16 write RURAL and give negrest town) AKOMA JARK
d NAME OF HOSP, TALL OR INSTITUTION (If not in hosp,tal, give street, address) d STREET ADDRESS e IS RESIDENCE ON A FARM? lecute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2 Page 4 shauld be farwarded to the Ch'ef Medscal Examiner's Office along with farm YES NO X 3. NAME OF DECEASED OF DEATH (Type of pont) 7. MARRIED NEVER MARR ED DATE OF BIRTH 6, COLOR OR RACE (n years Last birthday) Jan.13,1917 any event within 72 haurs after death WIDOWED DIVORCED 11 BIRTHPLACE (State or fareign country) 10a JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) chapel Optical COMPARULA 14 MOTHER'S MAIDEN NAME JENS GRINGER Wash D.C. 15 WAS DECEASED SPER IN U.S. ARMED FUNCES:
(Yes, no, ar unknown) (If yes give war ar dates of service) TopessMd. Ave. Was Faleanor Shepley College Park Md 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY-INTERVAL BETWEEN burial-transit ONSET AND DEATH Massive pulmonary embolism secondary to IMMEDIATE CAUSE (a). fractured right os calcis due to Canditians, fany, which gave rise to immediate cause (a). DUE TO stating the underlying couse fall. 5 may be retained for your more to EUNERAL DIRECTOR: Page 3 should be used Health prior to bunal, cremotion, or removal, PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II af item 18.) PRIMARY To CONTRIBUTING Deceased fell at home fracturing right heel CAUSE OF DEATH 20c T ME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Hame, farm, 20f (City or town) Not While factory, street, affice bldg, etc.) at work at work College Park Pr. Geo. Md. Home 21. I **certify** that I took charge of the remains described above, held on Autopsy X, Inspection Inquiry X. and in my opn on Natural causes death resulted from Suicide Undetermined manner CHIEF MEDICAL EXAMINER 22 DATE SIGNED ASSISTANT MEDICAL EXAM.NER SIGNATURE Added Thelegy bygg county) NAME (Type) 23b DATE THEREOF 23c. NAME OF COMEPERY OR CREMATORY 23a BUR AL CREMATION, 23d LOCATION (City or Town) Nov.8, 1967 Frederick Memorial Park Frederick Fred 25d RECD BY REGISTRAR 25b REGISTRAR'S SIGNATUR DATE NOV 7 1967 24. FUNERAL DIRECTOR VR A15ME (5) Paul F. Bittle, Myersville, Md



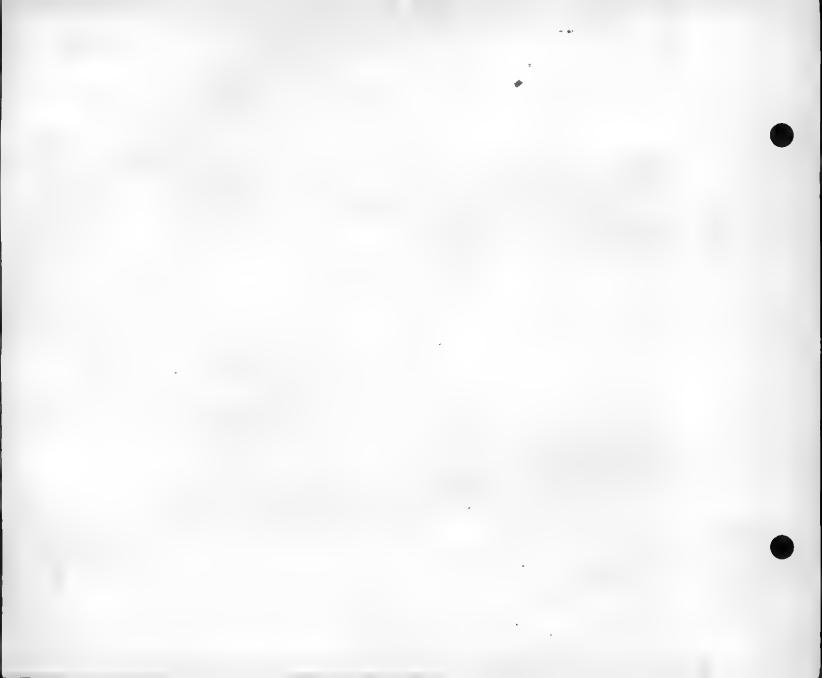
MARYLAND STATE DEPARTMENT OF HEALTH

3 © DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15732

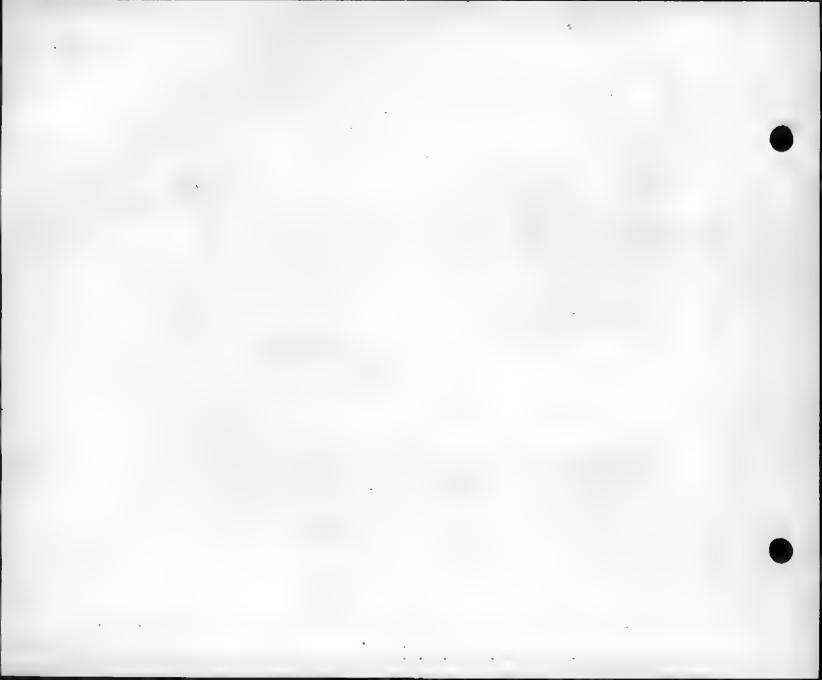
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6 3 E	90		PLACE OF DEATH					2. USUAL RESIDENCE (W	here deceased lived, i		nce before admission)
5	-0		o. COUNTY	NIGOMER	J	MAD	YLAND	o. STATE	LAND	b COUNTY P	ICE GEORGES
fte e f	the state of the s			f outside corporate limit		c. LENGTH OF STAY		c. CITY OR TOWN (If out		write DIIDAL and no	OR ORDICORS
y th Page	S		write RURAL one	give negrest town?	.'					WINE KUKAL ONG GIN	is dediest town)
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n 24 h	50			AL OR INSTITUTION (IF NO			R.	d. STREET ADDRESS	14th	AUE	e IS RESIDENCE ON A FARM? YES NO
	1	2	NAME OF	r.		Middle					
d within letely fitt arbon pa	₹.		DECEASED (Type or pant)	Kic H	1	O.	SHI	Rol5sti	4. DATE OF DEATH	Month Yourmoek	Doy Year 8 1967
np)	Ş .	S.	SEX	6. COLOR OR RACE	7, MARRIED	NEVER MARRIE		DATE OF BIRTH	9 AGE (In		
executed and cample remaye ca	ony e		F	Yellow		DIVORCE	• 🗖 .	9-20-87	lost birt	yrs	Doys Hours Min
		100	USUAL OCCUPATION ing most of working	(Give kind of work done		D OF BUSINESS OR		11 BIRTHPLACE (County 8	State, or foreign count		ITIZEN OF WHAT OUNTRY?
ate b cian ease	pu	QUI	Humen	1 0/2	AL	ustry Home		JAR	AN	1	JAPAN
ica ica sic ple		13.	FATHER'S NAME			11000	1	14 MOTHER'S MAIDEN N	P		
death certificate be tending physician ar rmit. Then please r	nova				OKAN	nATSU		NOT	AVAIL	ABLE	
≠	100			R IN U.S. ARMED FORCES?		OCIAL SECURITY NO		NFORMANT		Address	1
attending	, ar	1,,,	Na Na	(If yes give wor or dotes o	or service)		Mi.	ST TSUGIYE	SHIRDI.	SHI (Sax	ne ab #2/
he all	<u>E</u>	F		ATH (Enter only one cou	se per line for (o), (b), and (c) }					INTERVAL BETWEEN
# # is	9		PART I. DEA			e bral	7 -	throm 60	515		ONSET AND DEATH
후 유 호	CLG	Н	200%	DUE		211000		,,,,,,,,,,	20		
res sici	ਰ ਹ		Conditions, if ony		10	11.01.	01	reteriose	Ocasa -		
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dir dir	ē		lost.	, ,	(1)	7000	11	excury	<u> </u>		1
The lar attended to the last of the last o	of the pr	HECATION	PART 11 OTHER SI	gnificant conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT NOT RE	LATED TO I	HE TERMINAL DISEASE CON	OFFICEN GIVEN IN PART	1(0)	19 WAS AUTOPSY PERFORMED? YES NO
AN de la fort	£	115	200 ACCIDENT WAS		20b. DES	CRIBE HOW INJURY C	CCURRED.	Enter nature of injury in P	ort I or Port II of Herr	18.)	
日信を	Ö	CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							
HYS has	į.	ਤ		RY Month, Doy, Yeor	1 20d IN	JURY OCCURRED	20e PLAC	E OF INJURY (Home, farm	20f (City or	town) (Co	ounty) (State)
this determination	<u>a</u>	MED.	Hour o.r	1.	While	Not While		ory, street, office bldg., etc.)	14.11	(40	(3.0.0)
ING IN t ter ter	10	-	p.r		of work					1	
DA P	9			y that (1) (this has	pital), attendi	ed the deceased	tram	766 ,19	10//	, 1%	that (We) last
OR.	Ę			ceased alive on _	4114	19 10/	and that	death accurred at	M, from c		the date stated above.
A SP	=======================================		220 SIGNATURE	(1/1/1/1	_/	110		ATTENDING -	MED STAI		ME SIGNED
OR SE	To o			I/U/U	11/16		M.B	PHYS	DIRECTOR PHY		8/6/
AL D		1	22c. PHYSICIANA	00 0- 1	-/1.0			22d ADDRESS		- D	in a sel ma
PIT ME ERA	l be	L	NAME (Type)	MORTUN	SHAPI	RO		8107 EA	STERN PH	VE, 3121	VER SI. MD
O HOSPI Page 4 n O FUNER director,	30	230	BUR AL, CREMAT O	N, 23b DATE TH	EREOF	23c. NAME OF CEM			23d LOCATION (C	ity or Town)	(County) (State)
Pag O Fi	E 2	C	REMOVAL (Specify	N NOT. 11.	1967	FORT 41	NEOL	JCREMATOR	COLMAR	MANOR	MD
	19	25	ENNERAL DIRECTO		11/1	ANDRESS C	1/ -		BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE
VR A15 (4 25M 1/6)		14	14/1/21/	1/1//asca	717 CG	roy C	2	DATE NO	IV 13 196	7 Jelian	when Judge
	1	1	100 MILL LL	wester /	ra Stra	110111111111111111111111111111111111111	5	EU/ Juli	10.04	, ,	1



Control of the last of	Ą	1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Le executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers: Pages—and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours attended the

VR A15 (4) 25M 1/67

	CERTIFICATE	OF DEATH	2.5	0733
1.	PLACE OF DEATH		deceased lived, if institution Resider	nce before admission)
	o. COUNTY MONTACMENT MARYLAND	a. STATE	5 COUNTY	nont la
	b CITY OR TOWN (If autside carporate imits, write RURAL and give nepressiown)	c. CITY OR TOWN (If ourside o	orporate limits, write RURAL and giv	re nearest town)
	12l THE 5a 2 Kld Chays	Dilver	Dyring	1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address)	d. STREET ADDRESS	Ganid At	e is residence on a farm? Yes \ \ \ NO \
3.	NAME OF First Muddle	Lost 14 C	Nonth Month	Day Year
	DECEASED (Type or print) 1201d 71	/ / - rem - C	EATH / /	19 19
S.	SEX 6. COLOR, OR RACE 7. MARRIED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	
0	MALE WILLIAM WIDOWED DIVORCED	8/15/1900	last bitthday) Manths	Days Haurs M.n.
	USUAL OCCUPATION (Give kind of work done ing mast of wighting life, even if rethied) 10b. KIND. DF BUSINESS OR MODISTRY	11. BIRTHPLACE (County & State Kentuc	r, ar fareign country) 12 Cl	OUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	William H- 5 ho ber.11	The state of the s	+Z	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 17. 18. SOCIAL SECURITY NO 18. SOCIAL SECURITY NO 19. SOCIAL SECURITY	INFORMANT PARIVIT	A C. Address See	Irem #2
F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	11201 00 00		INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gastrointestinal h	emorrhage		ONSET AND DEATH
	DUE TO			
	Conditions, if ony, which gove (b) esophageal varices			
	stoting the underlying couse DUE TO			
	ost. () cirrhosis, liver		<u> </u>	Tie was winned
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN .N PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
崖	20g. ACC DENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I	or Part I of Item 18)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA Haur a.m. 4 while at wark at work at work at work 20 at w	ICE OF INJURY (Home, form tary, street, affice bldg., etc.)	20f (C *y ar tawn) (Co	ounty) (State)
	2). I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an	111.26,196	7 to Noch 7, 19	C7hat (I) (we) las
		t death accurred at 44	M, fram causes and an t	the date stated above
	220. SIGNATURE J. That adens M	ATTENDING MED. D PHYS DIREC	STAFF -	PATE SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS		
	NAME (Type)			
23	BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)		3d LOCATION (City or Town)	(County) (State)
L	Burial (12 20-270) Greinwood Cer		Washington, D.C	
2	FUNERAL DIRECTOR Joseph Gawler's Son DORESSING.	2Sa REC'D BY R	- 1 to 100 F	
	5130 Wisc. Ave. N.W. Wash. D.C.	DATE NOV	13 1967 2000	La Jan

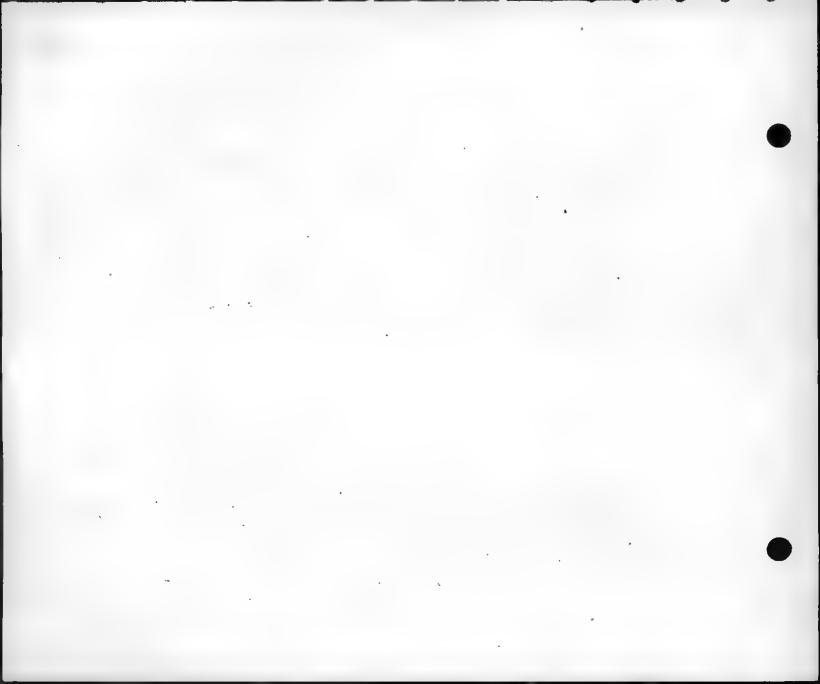


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND *5.77.2.3.*** CERTIFICATE OF DEATH

1. PLACE DF DEATH 8. COUNTY ,	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
10 - 40 - 11 - 11	a. STATE b. COUNTY,
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write JURAL and give nearest town)
write RURAL and give nearest town)	C. CITT ON TOTAL (II DUESING COIDDIZES HINES, WITCOMORNE and gift hours town)
Silver Saring 14 days	ROCK VIILE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
Holy Chross Hospital	263 CONGRESSIONAL LARE VES NOW
3. NAME DF First Middle	Last // 4. DATE Month Day Year
OEGEASED (Type or print) Randi B.	DIEGE/ DEATH 1/ 14 1947
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS.
F White WIDOWED DIVORCED	12-25-57 last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY	NEW YORK 11,S.A
10 Fathland water	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marvin Siegel	NORMA KACKOWITZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) 1(If yes give war or dates of service)	INFORMANT Address
NO - NONE	HOSP RECORDS
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Brain fume	ONSET AND DEATH
IMMEDIATE CAUSE (a)	
DUE TO	
Conditions, If any, which (b)	
gave rise to immediate (
Gause (a), stating the (
underlying cause last. (c)	The state of the s
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REFFORMED?
	YES X NO
202 ACCIDENT WAS LINDERLYING TO A 20h DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANTIBUTING TO CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ARED. (Lines librate of injust in rail 1 of rail 1 of itom 2007
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto p.m. 19 at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While facto	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	MAY 1966 to 11 11 19 19 that (1) (we) last
	t death occurred at 73 PM, from the causes and on the date stated above.
228. SIGNATURE	22b. DATE SIGNED
1 Mud h 11/1	
Millian / Wyll (Wall)	
22c.V PHYSICIAN'S NAME (Type)	8218 WISCONSIN AVE BETHERDA MD
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	
REMOVAL (Specify)	
BURIAL 11-16-61 NGW MION	TEFTOREGUE LARMINGDALE L.L. NY.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J / // 1217. 921	W. M. M. DATE NOV 1 6 1968 Otherway Judge
ITTO LOCAL CONTRACTOR	

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY ONTGOMERI MARYLAND b CITY OR TOWN (If outside carparate limits c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) write RURAL and give nearest town hours within 24 hours d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) DOUR. TTUATTS VILLE d STREET ADDRESS e IS RESIDENCE ON A FARM? hin 72 filled ASHINGTON NO X NAME OF 4. DATE Middle Doy Year carbon completely DECEASED N.M. N.) SINITZ DEATH NOVEMBER 1967 (Type or pnnt) OSE event. The law requires that the deoth certificate be executed SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) Months Days Hours any WIDOWED X DIVORCED OVEMBER 20, 1890 10a USUAL OCCLPATION (Give kind of work gone 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT = during nost of working life, even if retired) COUNTRY? RUSSIA physicion ond KETIRED 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME removol, SADORE EDAKOV WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, np, or unknown) (If yes give wor or dates af service ŏ 076-03-9186 +105PITAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) buriol Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse this certificate has been prior to the S WAS ALTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Health ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18) 2Da. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) While Nat While TO FUNERAL DIRECTOR: After at wark L at work retoined by 21 I certify that (I) (this haspital) attended the deceased fram should the 1967, and that death occurred at 13 PM, from causes and an the date stated above. saw the deceased alive an poge 3 sin. be filed with the 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR Page 4 may be TO HOSPITAL NAME (Type director, g 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOI (County) REMOVAL (Specify) 1967 King David Memorial Garden Falls Church, Virainia Burial 1967^{25b} Carroll 250 REC'D BY REGISTRAR DATE NOV 2 1 24 FUNERAL DIRECTOR Donald M. Stein VR A15 (4) 25M 1/67 Hebrew Memorial Funeral Home Street. N. W. Washington, D.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15736 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY A b. COUNTY A MARYLAND c. LENGTH OF STAY IN 1b (If odiside corporate limits CITY OR TOWN and give negrest-town) 4-WEEKS Ver d. NAME OF HOSPITAL DR INSTITUTION (If notion hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS NO 🔽 NAME OF Middle DATE Year Last Doy DECEASED OF DEATH MOSES 1965 (Type or pnnt) 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER IF LINDER 24 FIRS 7. MARRIED NEVER MARRIED Months Doys Hours ony DIVORCED WIDOWED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
LIMAY Consulta COUNTRY 2 VIRAIMIA 14 MOTHER'S MAIDEN NAME cremation, or removol, Achim W. Sites Ruhoma Jenkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address 1004 Carson Street (Yes, no, or unknown) (If yes give wor or dates of service) Geraldine B. Sites 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b),
PART I. DEATH WAS CAUSED BY INTERVAL BETWEE IMMEDIATE CAUSE (o) Conditions, if any, which gove nse to immediate couse (a), DUE TO stoting the underlying couse hos been the lest. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) certificote 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Not While Hour to.m. foctory, street, affice bldg., etc.) at work 21. I certify that (I) (this haspital/attended/the deceased from and that death accurred at 434 M. from causes and O FUNERAL DIRECTOR: saw the deceased alive an an the date stated above 220 SIGNAT 22b. DATE SIGNED DIRECTOR PHYS PHYS director, page should be filed 22d ADDRESS O HOSPITAL NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREO! LOCATION (try or Town) 236 BURIAL, CREMATION REMOVAL (Specify) Grant County 250. RECD BY REGISTRAR 196

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15743

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be mixecuted within 2年的句子

Page 4 may be retained by the hospital or attending physician.

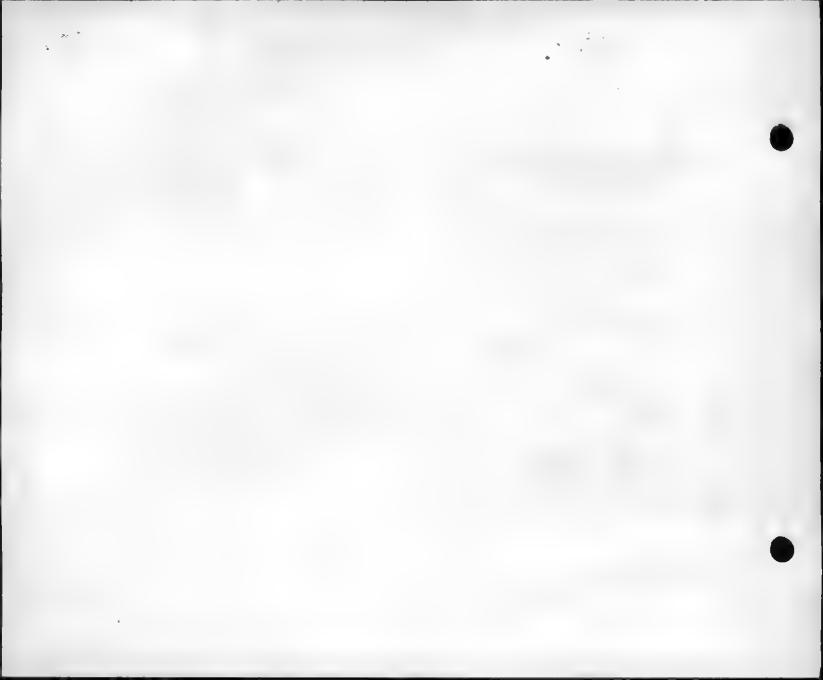
VR A15 (4) 25M 1/67

after deoth.

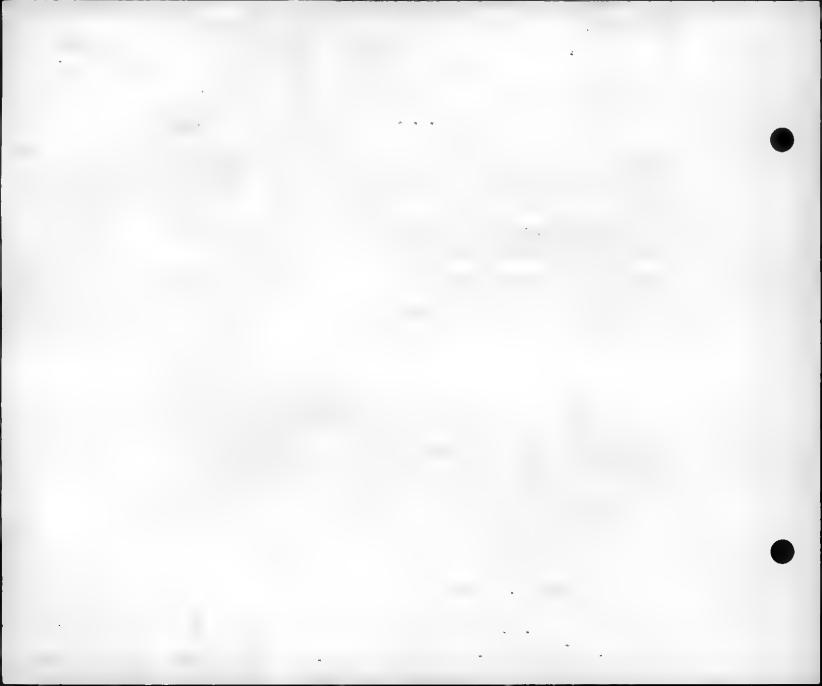
CERTIFICATE OF DEATH

15737

	•		
1 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institut on Residen	e before admission)
1	O. COUNTY MONTGOTHERY MARYLAND	o. STATE Maryland & COUNTY Mo.	ntgonicey
-	b. CITY OR TOWN (If outside corporate limits,	c. CITY DR TOWN (If outside corporate limits, write RURAL and give	necrest town)
	write RURAL and give nearest town // UR SENGZWEST.	Kockulle	, 1
(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gave street oddress)	d STREET ADDRESS	e IS RES DENCE ON A FARM?
	Holy CROSS HOSPITAL	13537 GORGIA HE 203	YES ND D
	NAME OF DECEASED Aborder First & Smiddle	Lost 4. DATE Month	Doy Year
	OFFICE RIPERS R. JMITH	OF DEATH NOV.	5 1967
\$!	A A THE RESIDENCE OF THE PARTY	8. DATE OF BIRTH 9 AGE (In years IF UNDER lost pirthdoy) Months	Doys Hours Min
	WHITE WIDOWED DIVORCED	6-3-18 49 yrs	Dots (100.3 Mil.
	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	(0)	ZEN OF WHAT UNTRY?
WUIT	NJUKANLE - ADJUSTER	Do, th Survilina	UNJRT 5,4-
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	WILLIAM ROBERT SMITH	WILLIE GREEN	
IS (Ye	MAY DECEASED EASE IN D.2 WEWED LOKCESS 10° 20CIME 2ECOKILL NO 11.	INFORMANT Address	
(10	NC " " " " " " " " " " " " " " " " " " "	OLIVE E. SMITH - SEE ITEM-	#2
	18. CAUSE OF DEATH (Enter only one couse per line for (n), (b), and (c).)	2 / //	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Massive B	4 Memirhale	Ucetio
	DUE TO &		
	conditions, if any, which gove (b) Coffice (all rise to immediate cause (a),	run eus	
Ш	stoting the underlying couse DUE TO	a: 1 m.	months
	lost (c) balunes S	annon	
총	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED?
Ž			YES NO X
CERTIFICATION	206 ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Port ! or Port !! of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		to.
MEDICAL	Haur o.m. While — Not While — fo	LACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (Cou	nty) (Stote)
2	p.m 19 at work 🔲 at work		
	21 1 certify that (I) (this hospital) attended the deceased from	1907 to Mrv. 15, 196	\angle , that (1) (we) last
	saw the deceased alive an MDT 1961, and the	of death occurred at 9 of PM, from causes and on the	ne date stated above.
	11/1/11/11/11	ATTENDING MED STAFF	IL SIGNED
	22c PHYSICIANS	A.D PHYS. DIRECTOR PHYS. 1/2 22d ADDRESS	-14 4
	NAME (Type) ABRAHAM W.S) ANIS 4	- 1106 trive 16.	12 - Kel
230	BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OF	R CREMATORY 23d LDCATION (Crty or Town)	(County) (State)
	REMOVAL (Specify) 11-20-1967 Parklawn Ce		, , , , , , , , , , , , , , , , , , , ,
24	FUNERAL DIRECTOR 5/80 WIS CADDRESS N.W		IGNATURE
1	OSEPH GAWLERS SONS WASH. D.C.	DATE NOV 2 0 1987 Pela	rear Joseph



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15738 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY / ONTGOMER MARYLAND CITY OR TOWN (If outside carporote firmits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. E LENGTH OF STAY IN 16 write RURAL and give nearest (Win) TAKOMA AKOMA d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE d. STREET ADDRESS ON A FARM? NAME OF 4. DATE DECEASED BEATRICE (Type or print) DEATH DATE OF BIRTH AGE (in years IF UNDER 1 YEAR 6. COLDR DR RACE **NEVER MARRIED** 7. MARRIED lost birthday) Months Days Haurs 11-18-96 WIDDWED K 106 KIND OF BUSINESS OR NOWE 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT certificate be COUNTRY? dousewite 14 MOTHER'S MAIDEN NAME GORBY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART | DEATH WAS CAUSED BY: NTERVAL BETWEEN ONSET AND PEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (6) rise to immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY DCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20th ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour am factory, street, office bldg , etc.) Nat While at work 21. I certify that (1) (this haspital) attended the deceased from 1967 to any 1967, and that death occurred at M, from couses and on the date stated above. saw the deceased alive and 22a, SIGNATURE 22b DATE SIGNED DIRECTOR 22c PHYSICIAN S ADDRESS TO FUNERAL James W. Whitlock NAME (Type) director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL CREMATION. 23b DATE THEREOF (County) Bluemont Cemeteru Grafton 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Glen Carter 8434 98 Graia Avenue umphrey. DATE NOV Silver Spring.



hour.
In by the funeral
Pages 1 and 2.
After death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death poper ruy TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove corban should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, withware Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICA	L RESEARCH AND RECO	RDS, 301	W. PRESTON STRE	ET, BALTIMORE, MARYL/	AND 21201
	15745	CERTI	FICATE	OF DEATH		13739
Ĩ	PLACE OF DEATH a. COUNTY Montgomery	AM	RYLAND	2. USUAL RESIDENCE (V a. STATE Mary	where deceased lived, if institution b. COUNT	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (rural)	c LENGTH OF STAY 5 days	IN 1b		tside corporate limits, write RUR/ polis	3
	d NAME OF HOSPITAL OR INSTITUTION (If not in Naval Hospital.	hospital, give street address)		d. STREET ADDRESS 219 Hanove	r Street	o IS RESIDENCE ON A FARM? YES NO
3	NAME OF First DECEASED (Type or point) Frances	Middle B.		Last ITH	4 DATE Month OF DEATH Novembe	r 22 19 67
]	Female Cauc V	MARRIED NEVER MARRI VIDOWED DIVORC		Dec. 18, 18		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
qui	TUSUAL OCCUPATION (Give kind of work done ring post of working life_even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		Medford, 1	& State or foreign country) Massachusetts	12. CITIZEN OF WHAT COUNTRY? USA
	John Bresnahan			4. MOTHER'S MAIDEN N Elizabeth	Finnegan	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, orunknown) ((If yes give war ar dates of ser	210-50-750			wport Address h, 50 Everett	Street
	18. CAUSE OF DEATH (Enter only one cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		hemor	rhage massi	ve, basillary	artery Chiser and DEATH
	Canditians, if any, which gave nse to immediate cause (a), stoting the underlying cause last. (c)					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR					19. WAS AUTOPSY PERFORMED? YES XX NO
MEDICAL CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY	· ·			
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While Nat While of wark of wark	facto	E OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
	21. I certify that (1) (this hospital saw the deceased alive on No.	l) attended the decease	d fram , and that	Nov. 18 , 1 death occurred at	967 to Nov. 2 1100M, fram causes of	2, 19_67 that (t) (we) lo
	22a. SIGNATURE	noz.	М.Д	ATTENDING PHYS 22d. ADDRESS	MED STAFF DIRECTOR PHYS.	226. DATE SIGNED Nov. 24, 1967
	22c PHYSICIAN S NAME (Type) Cdr 12. B. 1	Mografia HSN			ocnital Batha	cdo Md

23c NAME OF CEMETERY OR CREMATORY

SonsADDRESS

Arlington National

(State)

Virginia

Arlington,

1967

DEC 4

DATE

VR A15 (4) 20 M 1/66

BURIAL, CREMATION, REMOVAL (Specify)

23a.

236. DATE THEREOF

5130 Wisconsin Ave., N.W., Washington, D.C.

REMOVAL (Specific)

Nov 27, 1967

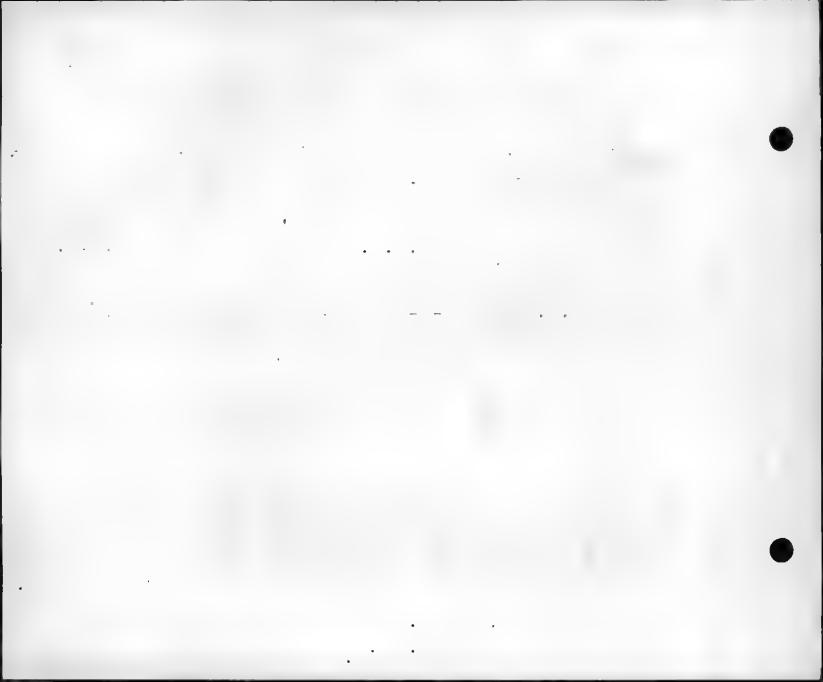
24. FUNERAL DIRECTOR Joseph Gawler's



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15748

$=$ $\langle M \rangle$		35740			CERTIFICA	ATE O	F DEATH		_	0170	
r death Tond or deoth		PLACE OF DEATH O COUNTY	fontgomery		MARYLAN	- 11	USUAL RESIDENCE () o. STATE Mary	Where deceased live	d, if institution: Re b COUNTY M	sidence befare a ontgomes	dm ssion) "Y
affe Affe Transfer		CITY OR TOWN (If ou	tside carparate fimits,	£,	LENGTH OF STAY IN IE	5 6.1	ITY OR TOWN (If at	itside corparate limi	ts, write RURAL an	d give nearest to	rwn)
G Pa		Silver Sy	ring				Silve	r Spring		/	5"
24 ho		I. NAME OF HOSPITAL O	,	ın haspital, give :	street address)	d.	STREET ADDRESS			8	S RESIDENCE IN A FARM?
illed pap		2204 Luze	rne Ave.				2204 Luz	erne Ave	•	YES	
with form		NAME OF DECEASED Type or point) ∠ C	RENZO		Middle Gr.	SA	11TH	4. DATE OF DEATH	NOV	10 10	Year 1967
unted v amplete ve cark event,	S. :	SEX 6	COLOR OR RACE	7 MARRIED X	NEVER MARRIED	8. DA	TE OF BIRTH	9 AGE	(n years IFUI Man		UNDER 24 HRS.
ond comported to the co			hite	WIDOWED	DIYORCED		g 28, 189		Yrs		
be ex ond e rem	10o. duri	USUAL OCCUPATION (Giving most of working life, o	re kind of work dane	10b, KIND (OF BUSINESS OR	11	BIRTHPLACE (County	& State, or fareign co		2 CITIZEN OF W COUNTRY?	
ote l		retired			G. A. C.		Georgia			U. S. A	•
hysi n pl val,	13.	FATHER'S NAME	0111			1	MOTHER'S MAIDEN				
cer The mo	Ic.	James W.		T I/ soci	AL SECURITY NO.	17. INFOR	Lucy Jord		A deleger		
ie death certificote b attending physician permit. Then please ion, ar removal, and i	(Y8	WAS DECEASED EVER IN s, na, ar unknawn) (If y yes	u.S. ARMED PURCES? es give war ar dates of V = W = 1	SOPULO)	-46-4428		Cora Smi	th Silv	Luzerne er Sprin	Ave.	
that the dan an by the attransit perr cremation,		18 CAUSE OF DEATH PART I. DEATH W	(Enter only one cods AS CAUSED BY: () IMMEDIATE CAUSE I	ワペーン	(b), and (c) y	he	art fa	ilure			AL BETWEEN
× · · · · · · · · · · · · · · · · · · ·		7300	DUE	10	1 8		0			10)
juire physic igne uriol uriol		Conditions, if ony, whi		b) /7>/	T_D					100	yes
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offer of the factor of the fac	No.	PART II OTHER SIGNIE		INTRIBUTING TO D	EATH BUT NOT RELATED	D TO THE T	ERMINAL DISEASE COI	NDITION GIVEN IN E	PART 1(a)	19. W. PE	AS AUTOPSY REORMED?
T at at at	TECATION		mma	pros	lace.					YES	NO B
rsician ospital certifica ned far t. of He	8	200 ACC DENT WAS UND OR CONTRIBUTING ☐ C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	206 DESCRI	BE HOW INJURY OCCUR	RED (Enter	nature at injury in	Port I or Port II et	item 18)		
the hor this capacite Dep	MEDICAL	20c TIME OF INJURY Hour o.m.	Marth, Day, Year 19	20d INJUR While at work	Nat While		INJURY (Hame, forn treet, affice bldg , etc		or town)	(Caunty)	(State)
Afte Afte B be Sto				ital) attended	the deceased fra	m		965, to	11-10	1967, that	(I) (we) las
inecond outdo		saw the deced	ised alive on	//-]	19 <u>6 /</u> , and	that de	oth occurred at	442 PM, from			toted above
OR AT be reto DIRECT ge 3 shr led with		22 . AIGNATURE	Sengo	lick	ms	/ M.D.		MED DIRECTOR	STAFF PHYS -	b DATE SIGNED	1-67
AL AL Page Page Page Filler		22c. PHYSICIÁN S NAME (Type) (George F.	Sengstad	ck		9241 Colu				g, Md.
Poge 4 n Control Co	230	BURIAL, CREMATION,	23b. DATE THE		3c NAME OF CEMETER				N (City or Tawn)		(Stote)
Page O Fulk Should		REMOVAL(Specify)	Nov 13	, 1967	Ft. Linco	ln Ce			Geo Cou		•
VR A15 (4)		. FUNERAL DIRECTOR Joseph Gawl	lers Sons	5130 W	ADDRESS	N. W.		D BY REGISTRAR	44.85	ir's signature	110
25M 1/67	L.	occipii cawa	1010 00110) <u>-</u>) - (1)	Wash D.	C.	DATENO	V 1 5 198	of fice	were you	-



1	2574	4		CERTI	IFICATE	OF	DEATH			15	741		
	PLACE OF DEATH				T			Vhere decease	d lived, if institu		e befare adm	kszidu)	
/	a. COUNTY MO	ntgomery		MA	RYLAND	a. ST	Md -		b (0)		t ce		
	b CITY OR TOWN (If outside corporate limit	S,	c. LENGTH OF STA		C CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town							
	Bethesda	d give nearest town)		Yrs		1	hesda				15		
	d name of hospi	TAL OR INSTITUTION (If a	at in haspital, g	give street address)			T ADDRESS				e IS R	ESIDENCE A FARM?	
2	4915 Riv	er Road				491!	River	Road			YES [NO 🛧	
	3 NAME OF DECEASED (Type or print)	STELLA	rst	Middle MAY	SOI	LYOM	tzp.	4. DATE OF DEATH	Not		Day 4	Year 19 6 7	
i	S SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARR	IED 8	. DATE O	F BIRTH	9	AGE (In years	IF JNDER 1	YEAR IF UN	IDER 24 TIRS	
i	1=	Cave.		XX DIVOR	CED 1		20, 188		B3 yrs		Days Hau		
	during mast af working		IN IN	ND OF BUSINESS OR DUSTRY			HPLACE (County)	& State, or fore	ign country)		ZEN OF WHA	T _	
	Housewife 13. FATHER'S NAME	<u> </u>	AT_	Home		-	HER'S MAIDEN N	IAME			20110		
	TO. TRINER J WARE												
	Frank A.	Barbour R INUS ARMED FORCES?	14	SOCIAL SECURITY NO.	17 19	NFORMAN	Mary Go	oain	4.1.4	ress			
	(Yes, no, or unknown)	(If yes give war at dates	of service)	SOCIAL SECURITY NO.	Mr	s. P.	hyllis	Lane,	Bethes	da, Md	. 0		
		le couse (a), ((a) C 10 (b) D?	(o), (b), and (c).) ercura terioscl	l th	iron ic C	ulos erdiov	is rscul	Par dis	rease.	INTERVAL OHSET AN		
)	PART IL OTHER S	IGNIFICANT CONDITIONS (ONTRIBUTING 1	O DEATH BUT NOT R	RELATED TO T	HE TERMI	VAL DISEASE CON	IDITION GIVEN	I IN PART 1(a)		19 WAS / PERFO	AUTOPSY DRMED?	
7-	🗀 (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter nat	ere of injusy in !	Part I or Port	Il of item 18)		1 10	NO E	
	20c TIME OF INJ Hour o.	10	20d II While				RY (Hame, farm affice bldg., etc.)		(City or town)	(Cou	nty)	(State)	
		fy that (1) (this hos eceased alive an		ded the decease	d from , and that	death	clc_, 1 accurred at	ta کے کا 9 و (ΔΑ), ta	14 No- fram couses) (we) last	
	22a SIGNATURE	simulato	Pat-	Znos,	KIL	PHYS	ADDRESS	MED DIRECTOR [STAFF D	22b DA	TE SIGNED Nov	67	
	NAME (Type		d B. Pa	nos, M.	D.			St., N	I. W., S	uite 5	13-200	006	
	230 BURIAL, CREMATI		ERFOF	23c NAME OF CE	METERY OR C	CREMATOR	Y	23d LOC	ATION (City or T	own) (County)	(State)	
	REMOVAL (Specify Cremation		/67	Ft. Id	ncoln	Gre	matory.	Bla	densbur	re. Ma			
	24. FUNERAL DIRECTO	OR CONTRACTOR	5130 T	Vis. ADDRESS	N.V.		2Sa. REC'U	BY REGISTRA	IR 256 F	REGISTRARS SIL		0.00	
	Jos. Gawl	er's Sons,	Washir	agton. D.	C.		DATE N	טיי 2 ט	1967	Victor	LAU YM	LOSZ.	

TO HOWITAL DR ATTINITIES PHYSICIAN: TIP law requires that the denth certificate be executed within 24 haurs after death.

lage 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

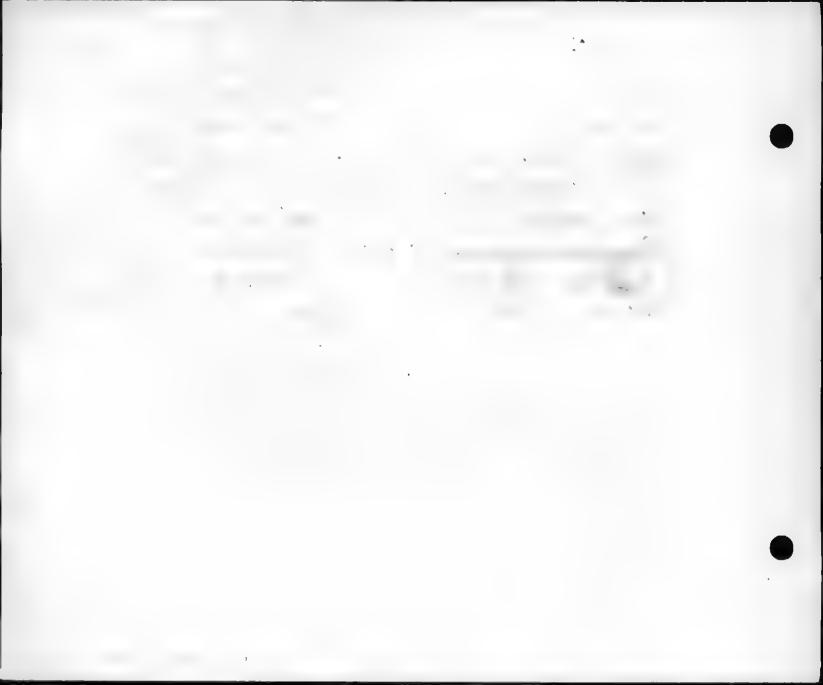
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carhan paper should be filed with the State Dept. of Heolth prior to burial, cremotion, or removol, and in ony event, within the

by the funeral Pages I and 2



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15748 15742 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY 2 ond 3 CITY OR TOWN (It outside corporate a LENGTH OF STAY IN 1b pages 1 and 2 with the State Depak d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) IS RESIDENCE ON A FARM? the Chief Medical Examiner's Office along with farm in Item 18. Give Pages 1, NAME OF Middle DECEASED FUNDER 1 YEAR S SEX 7 MARR ED NEVER MARRIED AGE (n years lost birthdoy) Months Doys Hours ond in ony event within 72 hours ofter death W DOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT most of working life, even in retired) pencil 14 MOZHER'S MAIDEN NAME ONNER 16 SOCIAL SECURITY NO INFORMANT unknown) (I yes give way or dates of service) 18. CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY. NTERVAL BETWEEN **burial tronsit** ONSET AND DEATH IMMEDIATE CAUSE (o) writing the word DUE TO Cardio Vasaular Conditions, if ony, which gove rise to immediate cause (a), be forworded to DUE TO stoting the underlying couse 5 mmy be retained for ymur tites.

TO FUNERAL DIRECTOR: Page 3 should be used Health prior to buriol, cremotion, or removal, 19 WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 140 NO X please execute the certificate. CERT F CATI 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW ANURY OCCURRED (Enter nature of njury in Port I or Port II of Item 18) should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d JNJURY OCCURRED 20e PLACE OF NJURY [Home form 20c TIME OF INJURY Month, Day Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) ot work 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opinion death resulted fram Natural causes Accident Su cide . Hamic de . Undetermined manner funeral director CHIEF MEDICAL EXAMINER **MCTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE Address (Street, cty, town or county) Mojute, Co. NAME (Type) 230 BUR AL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) CREMATION 5130 LOPESS. AVE, NW WASHINGTON, D. C. 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5)



	1.574	3	MEDI	CAL EXAMII	NER'S	CERTIFICATE O	F DEATH	17	374			
	PLACE OF DEATH						Where deceased lived, if institut		before admission)			
		NTGOME		MAR	YLAND	o. STATE MAR	SYLAND b. COU	NIY				
Г	b CITY OR TOWN (lf outside corporate limit give negrest town)		c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If ou	itside corporate limits, write RUI	RAL ond give n	eorest town)			
	FICTORY SET	SERVICE SERVICES	Fark	XXPTXX	X.	SILVER	2 SPRING					
	Tashing	AL OR INSTITUTION OF THE	t in hospitel, a	Ve street address COUNT .		d STREET ADDRESS 9119 MANCHESTER RD ON A FARM? YES NO BE						
3	NAME OF DECEASED (Type or pnet)	WALTER		(NMM)	SPANC	LOS	4 DATE Mont	- 3	Doy Year O 1967			
S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIE	D 1	B. DATE OF BIRTH	9 AGE (In years	Months D	EAR IF UNDER 24 HRS			
L	MALE	WHITE	WIDOWED	DIVORCE	D 🔲	Aug 1,18	98 last birthdoy)	mornis D	032 110012 14311			
dur 17	ng most of work ng	I (Give kind of work done life, even if refired) :RS KCO:		ID OF BUSINESS OR OUTES. On	c.	11 BIRTHPLACE (Stote	or foreign country) Klyw Nau	12 CITIZI COUN	TRY? U.S.			
13.	FATHER'S NAME	_ 1				14 MOTHER'S MAIDEN I	NAME"					
9		Spangenberg	į.			Bertha 9	77.00					
15		R IN U.S. ARMED FORCES? (If yes give wor or dotes of		OCIAL SECURITY NO		NFORMANT	Addre	کۇ:S سو	1-20-01			
Ŀ	yes	W.W. I	<u> 157</u>	<u>7-05-3017</u>		WAHER Sp	engenberg 79	102 FA	Is ATT Rd.			
		EATH (Enter only one cou FR WAS CAUSED BY:	se per line for	(o), (b), grd (c).)	0	(1 JAN	TIC LEAT	ONSET AND DEATH			
	1.1	IMMEDIATE CAUSE	(0)	uo (ore	mary)	nsuffice	ency	Olot: Allo OLA			
	4 201	DUE	10	A-	- 10	# .	11. 11/X	150				
	Conditions, if ony,	e rouse (o)	(b)	Vorte	xx	erole	Meany 1	V120	010			
	stoting the under)	(c)					<u> </u>				
FICATION	PART I. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING TO	D DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	ND.T.ON GIVEN N PART 1(0)		PERFORMED?			
E	20a EXTERNAL (A PRIMARY ☐ or CO CAUSE OF DEATH.		20b DES	CRIBE HOW INJURY C	OCCURRED (Enter nature of injury in	Port I or Port I of Item 1B)					
MED CAL	20c TIME OF INJU Hour a.r	JRY Month, Day, Year n, n 19	20d IN While at work	JURY OCCURRED Not While of work		E OF INILRY (Home, form ory, street, office bldg., etc.)		(Count	y) (Stote)			
	21 certif	y that I took charge	of the rem	ains described o	bove, he	d on Autopsy [],	Inspection X, Inqu	uiry Vi.	and in my opinion			
	deoth result	ted from Natura	l couses 🏻	Accident [, Suici	de 🔲, Homicide	Undetermined m	onner				
	ACTUAL	10 11	7	////	. 1	CHIEF MEDICAL	EXAMINER					
	SIGNATURE	Jolda	1/	1 Sec	12-	M.D. ASSISTANT MED	ICAL EXAMINER		22. DATE SIGNED			
	EXAMINER'S Z		Ry	KEAB	M.	DEPLTY MEDICAL	of county)	OV. 3	0,1967			
230	BURIAL, CREMATIC REMOVAL (Specify		REOF	23c NAME OF GEN	METERY OR	CREMATORY	23d LOCATION (C IV or To	wn) (Co	ouny) (State)			
CA	remation	yec. I	1967		ncoln			rges Co	Md.			
17	John B	Bomat less	Allen 8	434 49882g	ia Av	C+ + #		GISTRAR'S SIGI				
UE	arner Les	Houshrey,	inc. S	ilver Spr	ina	Md DATE DE	C 8 1967 &	Cliente	n judge			

O DEPUTY MEDICAL EXAMINER: This certificate shound be executed in Item 18. Give Poges 1, 2, or necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, or necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, or necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, or necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, or necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, or necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, or necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, or necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, or necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, or necessory, please the pencil in Item 18. Give Poges 1, 2, or necessory, please 18. Give Poges 19. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Depart the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours after death If TO DEPUTY MEDICAL EXAMINER:

Batth prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

VR A15ME 6M 1/67.

FOR STATE REALTH DEPT.

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mrs after leath.

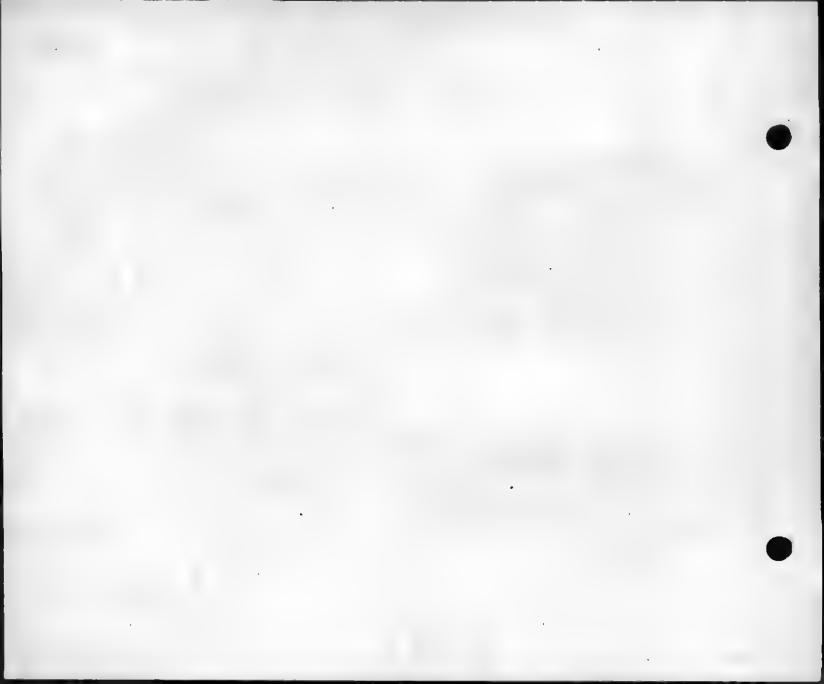
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the typical director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papels. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attacheath.

THE HOSE TALK CONTINUED THE TAR THE HASE THE THE DEATH CONTINUED BY THE PAGE 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.	201011	CERTIFICATI	F OF DEATH		1074.	3
	1. PLACE OF DEATH a, COUNTY				Institution: Residence before	admission)
L	- Montgomery	MARYLAND	a. STATE	40 D. C. C.	DUNTY	/
-	b. CITY OR TOWN (it outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits,	write RURAL end give near	est town)
	write RURAL and give nearest town)	4 weeks	1900	1/1	,	
H	d. NAME OF HOSPITAL OR INSTITUTION (If not in)		d. STREET ADDRESS	7, -//	l e. IS Ri	ESIDENCE
	2111 12 11 1 11	1/			ON A	FARM?
	althea Word land Nursh	ng home		nnecticut A	VP NIW YES	NO X
1	3. NAME OF FIRST DECEASED	Middle	Lest	OF		ear
-	(Type or print) MaRy 5. SEX 6. COLOR OR RACK 7. MARRIER	I-Rances 3	paulaing	DEATH //		6
1	- / WARRIEL		8. DATE OF BIRTH	9. AGE (In yea	rs IF UNOER 1 YEAR FUND	
-	Female white WIOOWED		1 11 1	64 yrs		-
		KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign coul	ntry) 12. CITIZEN OF WHA	AT
	ibuseuite o R	eal Estate	1 111955.		4.5.1.	
	13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	A A	
	Edward Fitchard		annie k	idney fite	chard.	
	15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16 (Yes, no, or unkown) (If yes give war or dates of service)	. SOCIAL SECURITY NO. 17.	INFORMANT	Ado	dress	
1	MA	11	es Pearl	Buenham.		
	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL B	
ı	PART I. OEATH WAS CAUSED BY:	Lardisc Fa	Lilure		ONSET AND	Der LAZ
		1				
П	Conditions, if any, which	trteriosclere	stic Heart	Disease	10 V	ears
П	gave rise to immediate (1 /				
1	cause (a), stating the DUE TO	trteriosolero	sis Gener	relized	1546	2245
		SUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL O	ISEASE CONDITION GIVEN		AUTOPSY
	Anemia Secono	dary Nutrit	sional -/ u	22 Palvari	Thribis 30 mes	RMED?
	20a. ACCIDENT WAS UNDERLYING 1 . 20b.	OESCRIBE HOW INJURY OCCU		injury in Part I or Part		(2)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBED A PROPERTY AS CO. ACCIDENT WAS UNDERLYING 1 200. OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm. 20f. (City or town) (County)	(State)
18	Hour a.m. White	Not While facto	ry, street, office bldg., e	tc.)		
13	E p.m. 19 at wor		F-1-22	1 3 17	19 10/7 11 115	
	21. I certify that (I) (this hospital) attend					
	saw the deceased alive on NoV-	7 1967 and that	death occurred at/14	AM, from the caus	ses and on the date state	ed above
	Walcot W.	Tikama,		ÝEO. STAFF	November 19	194
	22c. PHYSICIAN'S \// 1	M.D		ORECTOR PHYS. (/
ı	NAME (Type) Walcult W.	Gibson	Marlow	o Heightis,	Maryland 200	1.4 0.31
-	23a. BURIAL, CREMATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY				(State)
ľ	REMOVAL (Specify)				, town or county) (o tato)
	Burial 11-22-1967	Cedar Hill Ce	emetery	Suitland,	REGISTRAR'S SIGNATURE	
	7 1 7 1 6	c. 5130 Wiss. A	ve. N. N	DV 2 4 1967	acline a	Care
1		Wash. D.C. 2	20016 LDATE '		The state of the	

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15744 deeth. funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN (if autside corparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? NO X in any event, within 3. NAME OF 4 DATE Middle Last Manth Year DECEASED OF DEATH (Type at print) AGE (In veors MARRIED DATE OF BIRTH NEVER MARRIED lost birthdov) DIVORCED WIDOWED gug 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if refired) INDUŞTRY COUNTRY? physician (ien please ar removal, and COSTRUCTION 13. FATHER'S NAME pare Segasman. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. WASH D.C. (Yes, no. or unknown) SPOR1-3050 R signed by the atter burial-transit perm burial, crematian, a INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), opd (c).) ONSET AND DEAT PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove nse ta immediate cause (o), DUE TO stoting the underlying cause ed far use as the of Health priar ta has been 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 🔽 this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING LAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour am. While Not While foctory, street, office bldg., etc.) ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. . 1968, ta // CEMPG 1967 that (1) (we) last be retained director, page 3 shauld shauld be filed with the 1967, and that death accurred at 10 AM, from causes and an the date stated above saw the deceased alive an_ 220 SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS ZZC. PHYSICIAN'S NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) REMOVAL (Specify) 11-22-1967 Suitland, Cedar Hill Cemetery м. Burial 24 FUNERAL DIRECTOR 24 FINERAL DIRECTOR

Joseph Gawler's Sons, Inc..5130 Wisc. Ave

Wash. D ADDRESS 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR YR A15 (4) 20 M 1/66

executed within 24 haurs after

requires that the death certificate be

8

O HOSPITAL



DIVISION OF VITAL RECORDS, 303 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH

I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda (rural) c. LENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 days Silver Spring e IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Naval Hospital 306 Marvin Road NO. NAME OF First 4 DATE DECEASED Alexander STEELE (Type or print) DEATH 1967 November IF UNDER 1 YEAR 5. SEX 9. AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** B DATE OF BIRTH lost birthdoy) Months Hours Male WIDOWED DIVORCED Cauc 12 CITIZEN OF WHAT 10a LSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Retired Justin sung COUNTRY? Navy Dept Philadelphia, Pennsylavania HSA 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ooder Steele Mary Gallaher 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Silver Spring Md. Road (Yes, no, or unknown) (If yes give wor or dotes of service) 220 44 47 81 Mrs. Charlotte Donnan 306 Marvin Drive Yes. Spanlish American WWI INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Carcinoma, prostate IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES X NO CERTIFIC 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port I of Item 1B.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (€ 'y or town) (County) (State) Hour to m. foctory, street, office bldg., etc.) ot work of work 21. 1 certify that XI) (this haspital) attended the deceased from Nov. 13 1907 ta Nov. 25 1957, that (Ix(we) last saw the deceased alive an Nov. 25 1967, and that death accurred at 350PM, from causes and on the date stated above. 22b. DATE SIGNED

220. SIGNATURE 23b. DATE THEREOF 230 BURIAL CREMATION. E. Pumphrev Fune * Home 8434 Georgia Ave., Silver Spring he Thomas

James L. Snyder, M.

22d. ADDRESS Naval Hospital. Bethes

DIRECTOR

Nov. 27.

al,	Bet	hesd	a, Md.		
23d	LOCATION	(City or	Town	(County)	_

23c. NAME OF CEMETERY OR CREMATORY Arlington National

250 REC D BY REG STRAR

Arlington, Virginia

1967

(Stote)

O HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the death certificate be executed within 24 haurs after meath TO FUNERAL DIRECTOR: directar, page 3 should be filed v VR A15 (4) 25M 1/67

retained by

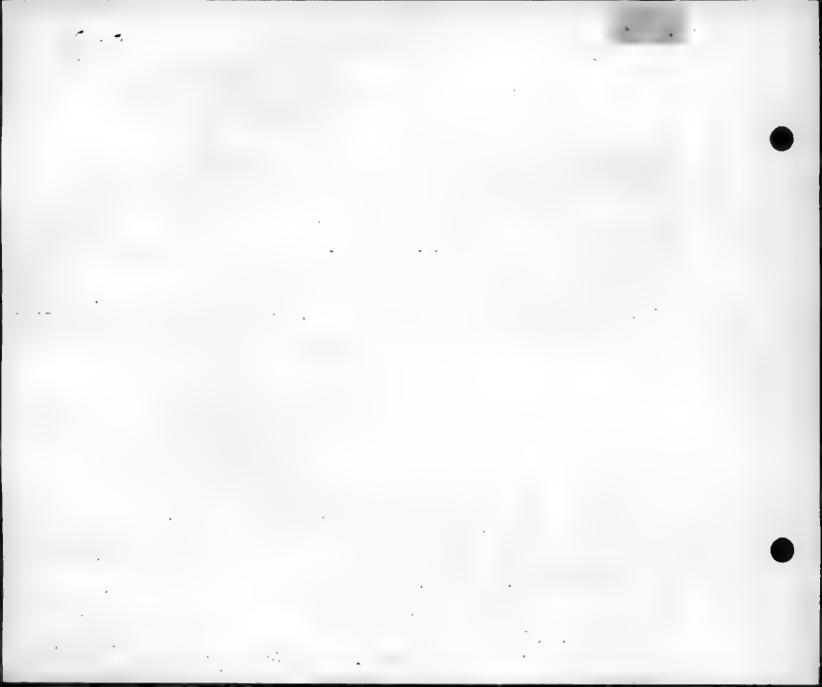
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE, (Where deceased lived, if institution, Residence before admission a. COUNTY MARYLAND t. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits. c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) e. IS RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS buriol, cremation, or removal, and in any event, within 72 ON A FARM? YES NO . pd ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle DATE please remove carbon First Lost Manth DECEASED OF 19 (Type or print) DEATH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthdoy) Hours WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 13. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician LARORE 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKKOWN UNKNOWK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. permit. NSON - 5530 C (Yes, no, ar unknown) (If yes give wor or dates at service) UNKNEWL 18. CAUSE OF DEATH (Enter only one couse per juny for (o), (b), INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE Page 4 may be retained by the hospital or attending physicion. DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause hos been ve uerached for use os the State Dept. of Health prior to last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES [NO certificote 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. While Not While factory, street, office bldg . etc.) of work of work 21. I certify that (I) (this hospital) oftended the deceased from 660V be filed with the and that death occurred ot saw the deceased alive on how M. from couses and on the date stated above. 220 SIGNATURE M.D. PHYS PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN' FUNERAL NAME (Type) director, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23a BURIAL CREMATION (County) (Stote) Burial (Specify) Harmony Memorial Park Maryland 0 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	2001	*		CERTIFICA	ATE	OF DEATH				25	747	
	PLACE OF DEATH			40.2014.3440		2. USUAL RESIDENCE (W a. STATE		b. COUN		ce befare	admissia	10)-
1		ntgomery	's	MARYLAND c LENGTH OF STAY IN 16		CITY OR TOWN (If out	ginia		Al and an	teannan a	t town)	
	write RURAL on	f auts de camparate limit I give nearest town a (rural)	-,						THE WITE GIV	0 1(04103)	100111)	
		AL OR INSTITUTION (IE n	nt in haspital, a	6 days		d STREET ADDRESS	(2))(0)				e IS RESID	DENCE
	Naval H	*				611 Jann	neys	Lane		3	ON A FA	NO X
	NAME OF DECEASED		rst	Middle		Lost	4 DAT			Doy	Yeo	21
	Type or print)	Ruth		Speicher	STI	RLING	DEA				19	67
S. :		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	J	DATE OF BIRTH		9. AGE (in years	F UNDER Manths	Days Days	IF UNDER	R 24 HRS Min
F	emale	Cauc	WIDOWED	DIVORCED [lov. 22 1909)	dast birthday)		5012	110013	\$17,111
		(Give kind of work done		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County 8	& State, o	r foreign cauntry)		TIZEN OF UNTRY?	WHAT	
ann	Libriari	i te, even if retired) an	IIV	DOJ (K.)		Accident, M	lary:	Land		DIVINI	USA	
13.	FATHER'S NAME					14. MOTHER S MAIDEN N	AME					
	Henry M	. Speicher				Sadie Gne	gy					
15	WAS DECEASED EVE	R IN J.S ARMED FORCES?	of consider		17. IN	FORMANT Alexa	indri	ia Addre	ss Vi	rgir	nia	
(10	No	(If yes give war at dates	2	24 58 6475	Mr	. James St	rlir	ng, 611 Ja	nneys	Lar	ie	
		ATH (Enter any one ca	use per line for	(a), (b), and (c))							ERVAL BET	
		TH WAS CAUSED BY- IMMEDIATE CAUSE	(o) Mas	sive Cerebra	7 7	nfarction				OIV.	LI AND D	CALL
	410X	DUE	To Tot	t mitral thi	nami	hogi -						
	Canditians, if ony rise to immediat	e couse (n)	(b)	c mrorar cm	COIII	DUSIS						
	stoting the unde		mod 4	ral stenosis								
	last.	,	(4)							1		
NO.	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING 1	O DEATH BUT NOT RELATED	TO TH	IE TERMINAL DISEASE CON	DITION G	SIVEN IN PART 1(0)			WAS AUTO PERFORMI ES (XX)	NO I
3	20a ACCIDENT WA	S HINDSDLYING [7]	205 DE	SCRIBE HOW INJURY OCCUR	RED (E	inter nature of injury in P	Port I or I	Port II of item 18.)		11.	3 KM	110 L.
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 00	ARRISE HOW HOME! GEEGR	Neb. (e	and notice of injury in t						
MEDICAL	20c TIME OF INJ	JRY Manth, Day, Year	20d. II	JURY OCCURRED 20e		OF INJURY (Hame, farm,		f. (City or town)	(Co	unty)	((Stote)
W	Hour or	10	While at work	Not While at work	tactor	ry, street, affice bldg., etc.)						
	21. 1 certi	fy that (PF(this ha	spital) atten	ded the deceased fran	n	Nov. 8 1	%7	, ta Nov. 1	4 , 19	67, th	ota(d) (we) las
	saw the d	eceased alive an_	Nov. 1	<u>+ 1967</u> , and	that	death accurred at_	1101	≥M, fram causes (and an t	he date	e stated	1 abave
	22a. SIGNATURE	ررب	Congress.	2	M.D.		MED. DIRECTOR	STAFF E		ATE SIGN	D 15, 1	.967
	22c. PHYSICIAN S			4		22d. ADDRESS			•			
	NAME (Type	L. W. Ra	rymon d			Naval Hos	pita	11, Pethes	da, M	d.		
23a	BURIAL, CREMATIC			23c. NAME OF CEMETERY	OR C	REMATORY	23d.	LOCATION (City or Tox	vn)	(County)	(\$	tote)
	BANGVAL ESPEcify	1/-1	7-67	Arlington	Na	tional	I I	Arlington,	Virg	inia	1	

Everly-Wheatley Funeral Home

1500 West Braddock Road, Alexandria, Va

REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

10 FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletefy filled directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages shauld be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and in any event, withsia. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

and 2

Sneral

24 hours, after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

haurs after death.



in by the funeral-ers. Pages I and 2-2 nours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF

,	DALIIIIOKL,	III) ALL I DALLED	21201		-	PY.	2.	ť
DE	ATH			1		1	4	Ç

2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE b. COUNTY
" Illone.
c CITY OR TOWN (If pytside carparate pimits, write RURAL and give nearest town)
Bethesda:
d STREET ADDRESS () e IS RESIDENCE
63/5 Toe Load VES NO NO
Last 4 DATE Manth Day Year 7
B DATE OF BIRTH 9. AGE (In years 15 UNDER YEAR 1F UNDER 24 HRS.
9-6-81 Rosy birthday) Months Days Hours Min.
11. BIRTHPLACE (County & State or foreign country) 12 CHIZEN OF WHAT
Letmany wiske.
14. MOTHER'S MAIDEN NAME
Untersound
NFORMAN Coulques Address
mrgaret lewoher sume
INTERVAL BETWEEN
ONSET AND DEATH
2/
tion, common bile duct 26 days
3
5
THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
YES NO
(Enter nature of injury in Part I or Part II of Item 18.)
CE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State)
ary, street, affice bldg., etc.)
Ceregres 19 5 to VGC (O 196/that (I) (we) last
death occurred at
22b DATE SIGNED
ATTENDING MED MED STAFF DI NOC-10,1967
4429 Bradley Save, Cheen Chase had
CREMATORY 23d LOCATION (City or Town) (County) (Stote)
r Cemetery Philadelphia, Penna.
land NOV 1 4 1967 REGISTRAR 1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 heurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled fin director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papalis should be filed with the State Dept. of Health priar to buriol, crematian, or removal, and in any event, within 727 Page 4 may be retoined by the hospitol or attending physician VR A15 (4) 25M 1/67



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15749

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Montgomery b CITY DR TOWN (If autside carparate i mits, Maruland MARYLAND CLENGTH OF STAY IN 16 c CITY OR FOWN (If outside corporate limits, write RURA, and give nearest town) Jakoma Park D.O.A. e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 1202 Ednor Road Washington San. & Hospita YES NO Y 3 NAME OF DECEASED DATE Midd e Manth Strand (Type or print) DEATH November dernon S SEX AGE (In years NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR F UNDER 24 HRS 6 COLDR DR RACE 7 MARRIED lost birthday) Months September 7,194 W DOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) California
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alma Conrad Henry Vernon Strand 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates of service) dnor Lane 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b).
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES 20a EXTERNAL CAUSE WAS PRIMARY Of an CONTR BUTING CAUSE OF DEATH 20e PLACE OF N.URY (Hame, factory, seet, affice blag. 20c. TIME OF INILIRY Manth, Doy, Year Not Whe of wark 21 I certify that I took charge of the remains described above, held an -Inquis and in my apinion Hamicide death resulted from Natural causes [Accident Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED Reap M.D. Beldon NAME (Type) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 250 REC D BY REGISTRAR

DANOV

VR A15ME (5) 6M 1/67

the funeral director.

P. and 3 to P.M3. Poge

4 should be farwarded to the Chief Medical Examiner's Office along with form

writing the word

State Department of

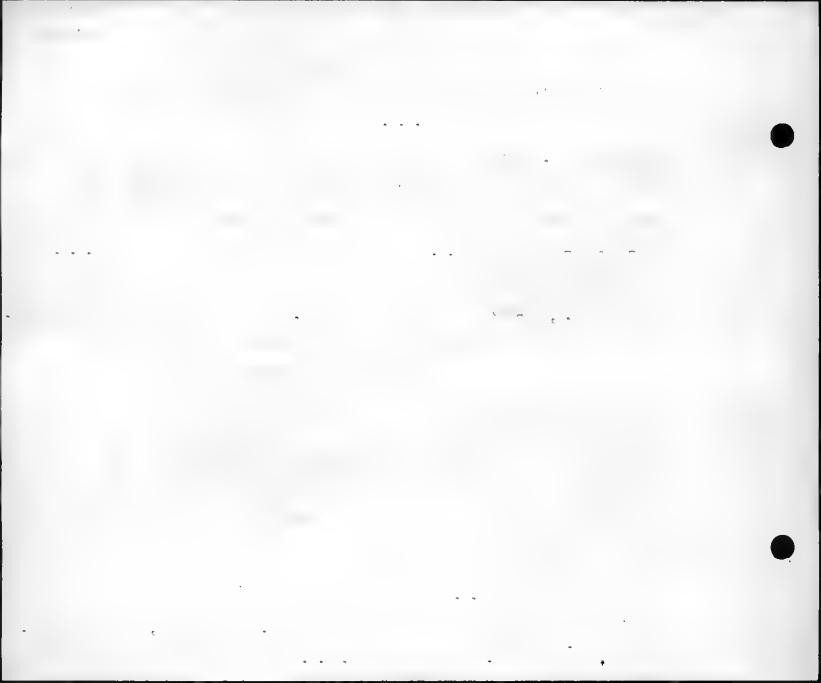
buriol fronsit permit. File pages land 2 with the

and in any event within 72 hours ofter death.

cremotion, or removol,

3 should

5 moy be retoined for your of FUNERAL DIRECTOR: Poge (Health prior to bursol, cremol



15757

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15750

CEDI	IFIC A	TE AE	DEATH
1 - 2 -	IFIC A		THE A CH

1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
O. COUNTY MARYLAND	O. STATEMARY AND B. COUNTY
b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give pearest town) 24 days	SILVER SPRING!
MAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e IS RESIDENCE
Rondolph Hills Yjergen Home Whales	11506 ALMASTREET. ON A FARM? YES NO X
3 NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) LOROTHY FARR	TALBOX DEATH 1/ 18 1967
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE WHITE WIDOWED DIVORCED	lost birthdoy) Months Doys Hours Min
10o. USUAŁ OCCUPATION (Give kind of work done during most of working life, even if retiged) INDUSTRY	11. BIRTHPLACE (Edunty & Stote, or foreign country) 12 CTTIZEN OF WHAT COUNTRY?
House Wife -	INASHINGTON DC. US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
McCARTHY JARR	EMMA BELLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	INFORMANT Address Same as
(Yes, no, or unknown) (If yes g ve wor or dotes of service) 578 -18-7589 A Mr	s. Dorothy Buckler, Daughter #2 above
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY	he heart disease. INTERVAL BETWEEN ONSET AND DEATH
Conditions, it any, which gave) (b) Congilistic	hort faline I ym
rise to immediate couse (o), stating the underlying cause DUE TO	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
S OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part E ar Part II of item 18)
	ICE OF INJURY (Home, form, large, street, office bldg, etc.) 20f (City or town) (County) (State)
21 1 certify that (I) (this haspital) attended the deceased fram	10/29 196 (to 1/0 196 Hat (I) (we) Jast
saw the deceased alive an 1/18 / 1967, and tha	t death accurred at M, from causes and an the date stated abave
220 SIGNATURE	ATTENDING A MED. STAFF 22b, DATE SIGNED
1 1 regree of Newhold MI	
name (Type) Myron L. Lenken, M. D.	2390 Tlenmost Cis, lukeator ml
230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (State)
Burial (Specify) 11/21/67 Mt. Olivet C	Gemetery Washington, D. C.
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
Joseph Gawler's Sons, Inc., Wash., D. C	DATE NOV 2 4 1967 Plianly Judge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers—Pages I and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 22 hours after degual. VR A15 (4) 25M 1/67



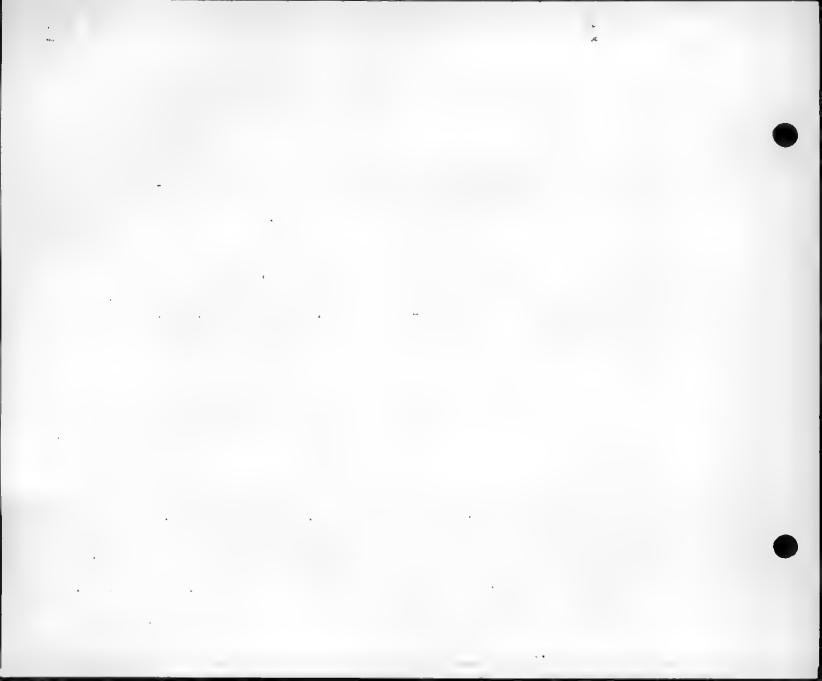
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	PLACE OF DEATH					2. USUAL RESIDENCE ()	Where deced	sed lived, if institut		before admiss	יסח
1	a. COUNTY	Montgomery		MARYLAN	ND	Vis Vis	ginia	D COUN	11		
- (If autside carparate limits digive pearest tawn).	i,	c. LENGTH OF STAY IN 1	lb	c CITY OR TOWN (If at	itside carpai	ate limits, write RUR	At and give r	nearest town)	
	Bethes			27 days		Vienna					
(NAME OF HOSPIT	AL OR INSTITUTION (If no	it in haspital, g	jive street address)		d. STREET ADDRESS				e IS RES	IDENCE FARM?
	Naval 1	Hospital				8415 Stor	newal.	Drive		YES 🗍	NO 🗔
	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mante	l	Day Y	907
	(Type or print)	Jane		Eaton		PATE	DEATI			16 19	
\$	SEX	6 COLOR OR RACE		NEVER MARRIED [L DATE OF BIRTH		9 AGE (In years last birthday)	FUNDER 1 Y	PEAR IF UNDE	ER 24 HRS
	Female	Cauc	WIDOWED	DIVORCED [March 29. 1		42 yrs.		,	
		(Give kind of work done into even if retired)	10b. KII	ND OF BUSINESS OR DUSTRY		il. BIRTHPLACE (County	& State, or f	areign cauntry)	12. CITIZ COUN	EN OF WHAT	
	Housewife			N/A		Norton.		ginia		U	SA
13.	FATHER'S NAME			·		14. MOTHER'S MAIDEN	NAME				
	Harry E					Carmen 0'0	onner	2			
15 fY=	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates o	of service) 16. !	SOCIAL SECURITY NO	17. 1	NFORMANT Drive	e, Vie	enna Addre	ss Va.		
110	No		40	06=24=3328	Cε	not. Benjami	n Tat	e. USN. 8		tonewa	11
	18. CAUSE OF D	EATH (Enter anly one cou	se per line for	cinoma of the	he '	lung with w	130 C	n n n n		INTERVAL BE	ETWEEN
	PART I. DEA	IM WAS CAUSED BY IMMEDIATE CAUSE	(a)	THOMA OF C	116 .	rang aton a	rue s	oreau		ONSET AND	DEATH
	1441	DUE	TO THE U	IDAGDTD							
	Canditions, if any		(b)								
	rise to immedial stating the unde		TO								
	last.)	(c)								
Z	PART II. OTHER S	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	ED TO 1	HE TERMINAL DISEASE COI	NDITION GIV	/EN IN PART 1(a)		19. WAS AU PERFORE	TOPSY
ATI0										YES 🔀	но 🔲
CERTIFICATION	20a. ACCIDENT WA		205. DE	SCRIBE HOW INJURY OCCU	IRRED.	Enter nature of injury in	Part I ar Pa	irt II af item 18)			
E		G CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJ	URY Manth, Day, Year		UJURY OCCURRED 20		E OF INJURY (Home, farn		(City or town)	(Count	ty)	(State)
MED	Havr a.i	10	While at work	Nat While at wark	fact	ary, street, affice bldg., etc.)				
П	21. 1 certi	ify that (IK (this has	pital) attend	ded the deceased fro	am_	Oct. 20	167	to Nov. 16	. 19	6.7that (1)	(we) las
Н	saw the d	eceased alive an	Nov. 16	19 <u>67</u> , an	d that	death accurred at	6:20	M, fram causes	and on the	date state	ed abave
П	22a. SIGNATURE	(1)	. 7	D	7)	ATTENDING -	MED.	STAFF _	22b DAT		
		0/3/10/201	-26%.	Todyman	M.I	PHYS.	DIRECTOR	PHYS.	Nov	. 17,	1967
П	22c. PHYSICIAN S	T	Lr Dans			22d. ADDRESS					
	NAME (Type	Lawrence	w. nay	nona		Naval H	lospi	al, Bethe	sda, l	Md.	
230	BURIAL, CREMATI			23c NAME OF CEMETER				OCATION (City or Tov		County) ((State)
	REMOVEL (Specifi	11/21	/67	Arlington	Nat	ional	A:	clington,	Va.		
24	. FUNERAL DIRECTO	R Money & K	ing Fur	nera Monome			D BY REGIS		GISTRAR'S SIG		
	171 Map	le Ave We	st. V	ienna. Virgi	inia	DATE	NOV 2	0 1967	NEX LOS	reay Ju	dee

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.] ond "The funeral v SINO TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Perpuly be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within (2 hour Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15752

15759

CERTIFICATE OF DEATH

	CERTIFICATE OF DEATH	
	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before	ore admissign)
	a COUNTY Montgomery MARYLAND O. STATE Maryland COUNTY Frence	p Leaves
-	b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest gown) C LENGTH OF STAY IN 16 C CITY OR TOWN (if autside corporate limits, write RURAL and give nearest gown)	est tawn)
	Diluly Spring 14 days Hisattoville	
	d NAME OF HOSPITAL OR INSTITUTION (first in hospitor, give street address) d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
		YES ND 🔀
	NAME OF DECEASED A Middle 1051 4. DAYE Month Do	Year Year
	(Type or print) Silviling Oles days DEATH Traversion	221967
S.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF ORTH 9. AGE (In years IF NDER) YEAR (pst birthday) Months Days	IF UNDER 24 HRS Hours Min.
	11) WIDOWED DIVORCED WILL 8, 1902 65 YIS	
	USUAL OCCUPATION (Give kind of work done Industry) 12 CITIZEN (Country & State, or foreign country) 12 CITIZEN (COUNTRY COUNTRY)	OF WHAT
	Salasman Forevery Carrell (b. 1/1d. 1).	SA.
13.	PAIRTER'S NAME	
16	WAS DECEASED EVER IN U.S. ARMED FORCES? ID SOCIAL SECURITY NO 17, INFORMANT Address	j ×
	is, no, grunknown) (If yes give war ar dates af service)	newark
	(10) Mone 1877-07-52/6/ I len Lougher, 7. Dichard lug.	Der,
	PART I. DEATH WAS CAUSED BY:	TERVAL BETWEEN NSET AND DEATH
	IMMEDIATE CAUSE (a) CARDI AC TRAEST DUE TO	MME)-
	Conditions, if any, which gave) (b)	
	rise to immediate cause (a).	Z-wee by
	lost. (1) MYDEARDIAL INFARCTION!	weeks.
*	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	WAS AUTOPSY PERFORMED?
FICATION		YES NO
RTIFIC	20o ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part I of item 18.)	
L CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour a.m. 20f (City or town) (County)	(State)
Z	p.m. 19 at wark at work	
	21. I certify that (I) (this hospital) attended the deceased from Man, 1837, to Nov 22, 1967, 1	hat (1) (we) last
	saw the deceased alive on Alou-21 1967, and that death occurred at 6 7 M, from causes and an the do	
	ATTENDING MED STAFF	
	22c. PHYSICIAN'S 22d ADDRESS	
	NAME (Type) KOBERT B. IREY 11161 New Hampshive Ave S.	s., Md.
230	BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count	y) (State)
	TELEPOOL 11-25-67 FT. LINCOLLY CEM. COLMAR MANOR.	G.C. Mal
24	FUNERAL DIRECTOR , ADDRESS , 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATI	
	Lee Treneral Home 300 - 40 St. N.E. DATE NOW 9 7 1967 Ochania	, redge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the funerol director, page 3 should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 and 2 about be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72-haurs after deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b ■ ■xecuted within 24 hours after Page 4 may be retained by the haspital or attending physician. VR A15 47 25M 1/67



15753

1. PLACE OF DEATH o. COUNTY	Al and give nearest town)
b CITY OR DAWN (If outside corporate limits, write RUR) b CITY OR DAWN (If outside corporate limits, write RUR) C LENGTH OF STAY IN 1b C CITY OR DOWN (If outside corporate limits, write RUR)	e. IS RESIDENCE
	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If no in hospital, give street oddress) d. STREET ADDRESS 2 MAME OF HOSPITAL OR INSTITUTION (If no in hospital, give street oddress) 24 WRSTwood Same	Le ON A FARM? YES NOT V
Belling of print of the print o	29 1967
S SEX 6. COLOR OR PACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (n yeors your mindoy) WIDOWED DIVORCED 9. AGE (n yeors your mindoy) 100 USULAL OCCUPATION (Give kind of work done 100 kind of Bissiness OR 1) BIRTHEIAE (County & Store or foreign on other)	1F UNDER 1 YEAR IF UNDER 24 Fig.
WIDOWED DIVORCED J.	12 CITIZEN OF WHAT COUNTS ?
13. FAMER'S NAME 14. MOTHER'S MAIDELY VAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL/SECURITY NO 17. INFORMANT/ Address Address	SON
13. (AMSEZ NAME 14. MOTHER S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Tro, or Jinknown) [(If yes, give war or plotes of service)] 16. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute hemorrhagie panareatitis	
/8. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute hemorrhagic panereatitis	INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gove (b).	
	19 WAS AUTOPSY
	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(County) (State)
21. Certify man (1) (mis maspinar) distribution deceased main 27.	and an the date stated above 22b DATES GNED
Federall Cardwell MD PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIR	11/29/47
22c. PHYS CIANS NAME (Type) 23c. BURIAL CREMATION, REMOVAL (Soperity) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 23d. LOCATION (Ci	vn) (County) (Stote)
	GSTRAK SIGNATURE ()



6:

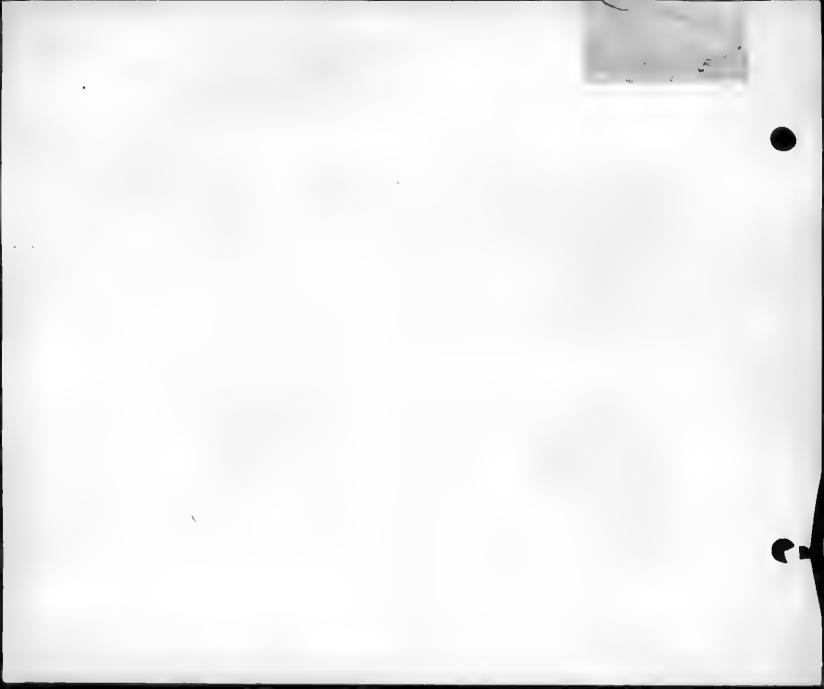
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15754

			CERTIFICATI	OI DEATH					
PLACE OF DEATH	lôntgomery		MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before odmission) a STATE Haryland b. COUNTY Hong.					
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn)			c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville					
	Veirs Mil.		give street address)	d STREET ADDRESS 930 Veirs Nill Rd. e is residence on a Farm? yes \(\sum no \(\sum \)					
3. NAME OF DECEASED (Type or print)	Leland F	rst	Middle H	lost True	4. DATE OF DEATH	Manth 11	Day Year 19 19 7		
s. sex	6 COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 12/9/1805	9. AGE (In y	nday) Manths Yes	Days Hours Min.		
	ON (Give kind of work done ng lite, even if retired)	106 KI	ND OF BUSINESS OR DUSTRY F = 1°M	11 BIRTHPLACE (Count	y & State, at foreign countri main		TIZEN OF WHAT DUNTRY? U.S.A.		
13. FATHER'S NAME He	enry True			14 MOTHER'S MAIDEN	NAME Fellows				
15. WAS DECEASED E Yes no or unknown	VER IN U.S. ARMED FORCES?	of service) 7 0		INFORMANT	True (Address	bove)		
rise to immedi stoting the un last	ny, which gave ote cause (a). derlying cause	(b) <i>CE</i> 10 (c)	REPEAL V				5 YEARS		
200 ACCIDENT V OR CONTRIBUTION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) SEVERY RHYUNGTON ARCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH						19 WAS AUTOPSY PERFORMED? YES NO		
20c TIME OF II	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year Hour a.m. ym. 19 While at work at work at work								
21. I cer saw the	21. I certify that (1) (this hospital) attended the deceased fram								
1-	220 SIGNATURE Frederichs Calculated MD ATTENDING MED DIRECTOR D STAFF 1/-19-67								
22c. RHÝSICIAI NAME (Ty	POPREDERI	CHS	CALDWELL		unt,		4110		
23a BJRIAL, CREMA REMOVAL (Spec	יני\ בֿר אַ אַאַ	167	Jon T Com.		23d LOCATION (CI	,Т,	(County) (State)		
M FUNERAL DIRES	Tor Selar 772 Home Roc	1 Rock	villadoress. Md.	250 RE		25b REGISTRARS	SIGNATURE		

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requims that the death certificate be executed within 21 hours after leath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the furnical director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deag Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



5762

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15755

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH D. COUNTY	MONTGOMERY	MARYLAND	2 USUAL RESIDENCE 0. STATE MA	E (Where deceased lived, if institution Residence be RYLAND b COUNTY MON	fore odm ssign) PGOMERY		
-	CITY OR TOWN (IF	outside carparate limits,	c LENGTH OF STAY IN 16	C CITY OR TOWN OF	outside carperate limits, write RURAL and give near	rest town)		
i .	write RURAL and a	give nearest tawn)		,	ER SPRING	15'-1		
		OR INSTITUTION (If not in hosp	tal, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?		
1	HOLY CRO	SS HOSPITAL			Lockwood Drive	YES NO X		
	NAME OF DECEASED	first	Middle	Last	05	oy Year		
	(Type or print)	Louis		KOFF	DEATH NOV. 28	1967		
5		6 COLOR OR RACE 7 MAR		B DATE OF BIRTH	9 AGE (In years IF JNDER I YEAR			
	M	WIDO	WED DIVORCED	4/12/04	63 yrs			
100	JSUAL OCCUPATION		Ob K ND OF BUSINESS OR	11 BIRTHPLACE (Sto	ate ar fareign country) 12 CIT ZEN COUNTR			
guri	ng mast of working lif Self Im. La	e, even fretired)	Dry Cleaning	Russ				
13	FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
	Morris !	lurkoff		Anna 2	Zisselman			
15.	WAS DECEASED EVER	IN U.S. ARMED FORCES?		INFORMANT	11119 Address water	AVA		
(Ye	s, no, or unknown) (I	f yes give wor or dates of service	577-18-0696 Irv	ving Turkoj	ff Kensin ton hary	land		
		TH (Enter only one cause per b	ne for (a), (b), and (p))			INTERVAL BETWEEN ONSET AND DEATH		
		WAS CAUSED BY: IMMEDIATE CAUSE (a)	leute l	reviari	y margacien	Cy		
	4201	DUE TO	2.	2-1	11. 00 0	1.		
	Canditions, if any, v		oronary (creery	Heart Wise	RLO		
	rise to immediate stating the underly			0				
	lost.	(c)						
22	PART II OTHER SIG	NIF CANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONSIT ON G VEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?		
ATIO		Alla	veles //	relli	eus	YES NO		
TIFIC	200 EXTERNAL CAU	SE WAS	OD DESCR BE HOW INJURY OCCURRED	(Enter nature of in any	in Part 1 or Part II of item 1B)	- /-		
G.	PRIMARY I or CONT CAUSE OF DEATH	KISUTING L.						
MEDICAL CERTIFICATION		is mounty wall, too.		CE OF INJURY (Hame, f		(State)		
MED	Hour a.m		While Not While of fact	tary, street, office bldg., e	etc.)			
			e remains described above, he	eld an Autopsy	, Inspection X, Inquiry X, a	and in my opinion		
	death resulte	//		ide 🔲, Hamici		•		
CHIEF MEDICAL EXAMINER								
	ACTUAL SIGNATURE	Lellen	Ky llago	PH. D.	MEDICAL EXAMINER	22. DATE SIGNED		
	EXAMINER'S NAME (Type)	BELDEN ,	R. KEAP	1/1 DAdd A	MERLE EXAMENSE (VOV. 2	8, 1967		
230	BURIAL, CREMATION	, 23b. DATE THEREOF	230 NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City of Town) (Cou	inty) (State)		
	REMOVAL (Specify)	11-30-67	National Remo	orial Fark	Falls Church,	va.		
24	FUNERAL DIRECTOR		ADDRESS	25o R	REC'D BY REGISTRAR 255 REGISTRAR'S SIGNA	ATURE		
1	oldberg F	uneral Home 4	217 Oth St	DAT	EC 1 1967 Actionles	Judge		

VR A15ME (5) 6M 1/67

5 may be retained far your files.

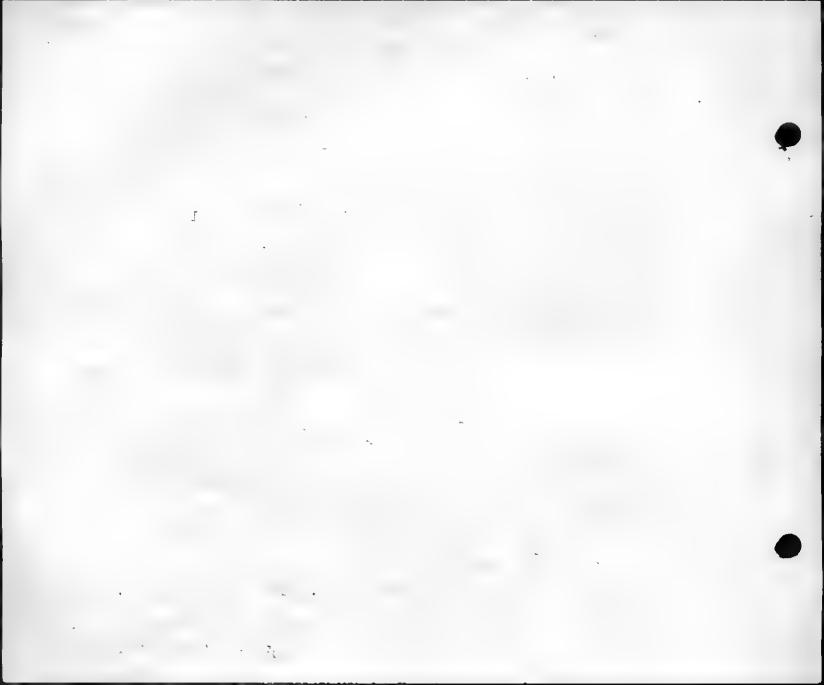
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land2 with the State DeMarAMEN

Health prar to bunal, cremation, ar remayal, and in any event within 72 haurs after death

necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, the funeral director, Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm TO DEPUTY MESICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

FOR STATE

delay is and 3 to



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 E 7 (3 5) CERTIFICATE OF DEATH 15756 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE Virginia Montgomery requires that the death certificate be executed within 24 hours often MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 days Arlington Bethesda (rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 4241 South 35th Street U. S. Naval YES NO X 3 NAME OF 4 DATE Eirst Last Day Year DECEASED (Type or print) WAGNER DEATH Edward November IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** last birthday) Months Davs Hours WIDOWED DIVORCED Jan 1899 Male Cauc 12 CITIZEN OF WHAT 10c USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) during most af warking life, even if retired) **COUNTRY? INDUSTRY** U. S. Navy (re Catasagua, Penna.
14. MOTHER'S MAÏDEN NAME U.S.A signed by the attending phy burial-transit permit. Then purial, cremation, or removal Laurine BARTHOLMEW William WAGNER 4241 Adouth 35th Street 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor as dates of service 578-12-5722 Mrs. Helen T. WAGNER Arlington Virginia Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART : DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Carcinoma of the Stomach with massive INTERVAL BETWEEN ONSET AND DEATH Page 4 may be retained by the hospital or attending physician. DUE TO Metastasis to the Liver Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse the th 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERT, FICATION NO TO FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part & or Part & of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month Day. Haur o.m factory, street, office bldg, etc.) 19 at work at work 21. I certify that (1) (this hospital) attended the deceosed from 2 November, 1967, to 22 November 1967, that (1) (we) lost saw the deceased give an 22 November 1967, and that death occurred at 1967, from causes and on the date stated above. director, page 3 should should be filed with the 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 23 Nov 1967 M.D PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) Naval Hospital, NNMC, Bethesda, Md Donald 23c, NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BUINEMOVAL (Specify) Arlington National Arlington ۷a. Nov. 1967 24 FUNERAL DIRECTOR ADDRESS 250 RECHO BY REGISTRAR 1967Sb. RECHSTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Alexandria, Virginia DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIE	ICATE.	O.E.	DEATH
IFRIE		115	HEALD

				CERTII	FICATE	OF DEATH			137!	5.7	
	PLACE OF DEATH a. COUNTY TRONTGO	mFRU		MAR	YLAND	2 USUAL RESIDENCE (b, COUNT			n)
	b CITY OR TOWN (write RURAL one	lf outside corporate limit d give neorest town)	S	c. LENGTH OF STAY		c. CITY OR TOWN (If or	utside corparate li	ımıts, write RURA	L and give neare	st town)	
	ISETH.				945	GREZNI	BFLF				
		AL OR INSTITUTION (If no		ive street address)	/	d STREET ADDRESS				e S RESID	
	20	BURBAN	/			6003 (HERRY	xloon (COURT	YES 🔲	NO 🔀
-	NAME OF DECEASED (Type or print)	2	rst VARD	Middle	10/	Lost 41 DMAN	4. DATE OF DEATH	Month	Do رون	,	
5		6. COLOR OR RACE		NEVER MARRIE		DATE OF BIRTH	The second second second	GE (In years	IF JNDER 1 YEAR		
	NALE	WHITE	WIDOWED	DIVORCE	~ '	9/21/08	le le	ost birthday) 5 9 yrs	Months Doys	Hours	Min.
dur	ing most of working		/ 1NC	ID OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County		n country)	12 CITIZEN O COUNTRY		
	FATHER'S NAME	<u>e</u>	NOR	ELCO SV	5,	14. MOTHER'S MAIDEN			1 4-5.	14	
15.		, , , , ,						11:			
20			7LDM			FRANC	ES 1		ENBAL	in	
(Ye		R IN U.S. ARMED FORCES? I(If yes give wor or dotes or		OCIAL SECURITY NO.		NFORMANT		Address	S		
	NO				1-1	ORENCE WI	ALDMAN	- W/1F1	SHA		
		EATH (Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(a) Cli	(o), (b), and (c).)	use	+ yele	nanan	1 .cden	Y OI	TERVAL BETV	VEEN EATH
	Conditions, if ony	, which gave	(b) ac	ite my	Ca	alal 1	Nan	-4-261	10	Eliver	ر ليل
	stoting the under		(c) C. V	teriase	tera	tie krea	if di	Blasq	1	12 ar	2/
CATION	Charles	. // -	1	O DEATH BUT NOT RE	LATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN	N PART I(o)	lú	PERFORME YES	PSY D? NO
1 CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY	CCURRED	(Enter nature of injury in	Part I as Part II	of item 18)			
MEDICAL	20c TIME OF INJU Hour a.r p.r	10	20d IN While of work	JURY OCCURRED Not While at work		CE OF INJURY (Hame, farmary, street, office bldg., etc.)	ity or town)	(County)	2)	State)
		fy that (I) (this hos eceased alive on		ed the deceased	from [3] and that	death occurred at	1967 to 1	ram causes a	20, 19 <u>67,</u> t nd an the da	hat (i) (v te stated	ve) last above.
	22a. SIGNATURE	ane of	Mal	ange	M.C	11110	MED DIRECTOR	STAFF PHYS	Now 2	NED -23/	867
	22c PHYSICIAN S NAME (Type)		,) (Valaux	7 M.	2. 82-18 (i)	1500715	in Aves.	Betheso	la,Ma	<u> </u>
230	BURIAL, CREMATIC PEMOVAL (Specify		EREOF 67	New Mo	netery or	crematory or e Cent.	23d 10CAT	ON (City or Town	(Count	y) (St	ote)
24	FUNERAL DIRECTO	Paugausky?	Sous	3501-14	10.54	2SO RECI	D BY REGISTRAR OV 27	1967 REG	STRARS SIGNATE	Judg	Ro.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled with the State Dept of Health priar to buriol, cremation, ar removal, and in any event, within 72 hours of the degit. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

45758 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before agmission) o. COUNTY District of Columbia Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 16 days Washington Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland 5306 Carvel Road YES NO X 3 NAME OF DECEASED OF DEATH (Type or print) Alan Tower Waterman November 9. AGE (In years lost birthdoy) IF UNDER I YEAR S SEX F UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARRIED Months Dovs Hours WIDOWED DIVORCED 4 June 1892 White Male 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Scientist New York USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Florence Tower Frank A. Waterman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Record 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) The Clinical Center, Bethesda, Maryland Not available Yes World War I 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Massive Gastrointestinal Hemorrhage INTERVAL BETWEEN Davs DUE TO Conditions, if ony, which gove Multiple Gastric Stress Ulcers 2. Weeks rise to immediate couse (a). DUE TO stating the underlying couse () Post-Operative bile Peritonitis 3 Weeks 19 WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 200 ACCIDENT WAS UNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 21. I certify that (4) (this haspital) attended the deceased fram November 14, 1967, to Nov. 30, 1967, that (4) (we) last saw the deceased glive an November 30,1967, and that death accurred at 6:00 M, from causes and an the date stated above. 220. SIGNATURE 22b DATE SIGNED PHYS M.D DIRECTOR 22d ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md. 22c. PHYSICIAN S NAME (Type) Robert A. Ralph, M. D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. REMOVAL(Specify) Cremation Dec.2,1967 Ft.Lincoln Bladensburg, P.GISMd. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE The S.H. Hines Co. 2901-14th.St.N.W.

24 haurs after death within requires that the death certificate be executed any removal, signed by the burial-transit p has been see as the let the prior take

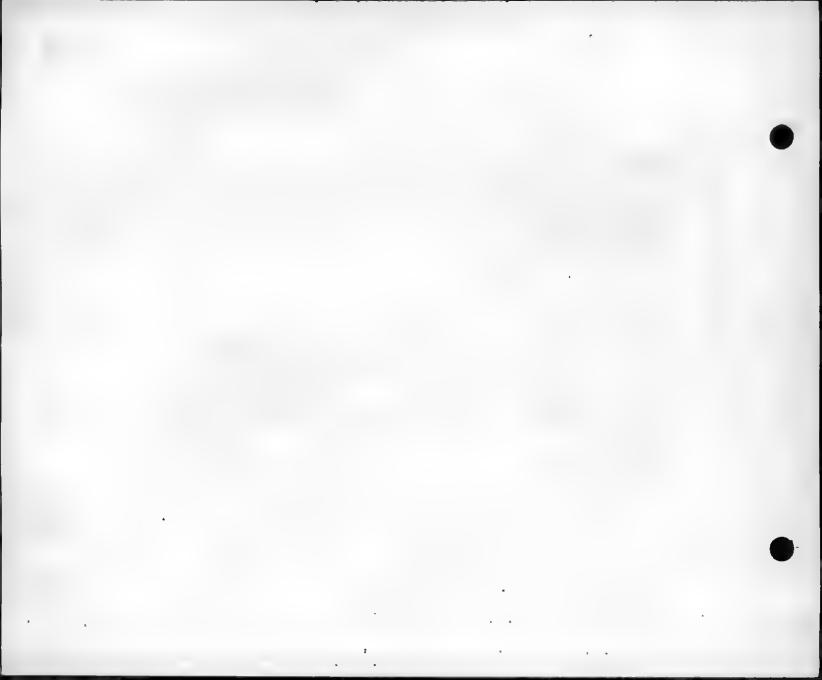
TO FUNERAL DIRECTOR:

OR ATTENDING PHYSICIAN:

TO HOSPITAL

this certificate

After



		15/65	CERTIFICATE	: OF DEATH			
Ì		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
		Montgomery Montgomery	MARYLAND	o. STATE Maryland b COUNTY Montgomery			
) [ŀ	o (ITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) Damascus	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)			
				Rural- Lewisdale /5,/			
	(I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	of, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?			
3		Noe Nursing Home		RFD # 1, Monrovia YES NOX			
Ī		NAME OF First	Middle	Lost 4 DATE Month Doy Year			
	(Type or pnnt) Martha	Ann Watk	ins DEATH November 29 19 67			
	S. 1	EX 6 COLOR OR RACE 7 MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.			
-	F	emale White WIDOW	TED TO DIVORCED	July 16.1877 lost birthdoy) Months Days Hours Min.			
ı	100	USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT			
-	dure	ng most of working life, even if retired) Housewife	Own home	Cedar Grove, Md. USA			
	13	FATHER'S NAME	Own nome	14. MOTHER'S MAIDEN NAME			
		Richard Burdette		Laura V. Watkins			
-	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17	INFORMANT Address			
	(Ye	s, no, or unknown) (If yes give wor or dates of service)	10/	liss Ada Watkins, Item 2			
ı	1	IB. CAUSE OF DEATH (Enter only one couse per line		INTERVAL BETWEEN			
ı		NAME & MEATIN 1976E CANADO MY	rminal Broncho-p	ONCET AND DEATH			
1			INTIMI DIONCHO-E	neumonia 1 week			
- 1		Conditions if any which area a					
-1	- 1	rise to immediate cause (o), DUE TO					
		stoting the underlying couse					
- 1			TO TO STATE DUT NOT STATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY			
	8	Advanced Arterioscle	· · · · · · · · · · · · · · · · · · ·	PERFORMED?			
2	CERTIFICATION			(Enter noture of injury in Port I or Port II of item 1B.)			
		OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I of Port II of Item 16.)			
			No injury				
	MEDICAL	The state of the s		ICE OF INJURY (Home, form, tory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)			
-	₹	p.m. 19 of s	work L of work L	20			
-1		21. I certify that (I) (মিস্পের্টারের) att	ended the deceased from_	1935 , 19 to November , 19 67 that (1) (NE) la			
- 1			Der 2719 07, am the	t death occurred at 10:37M, ParManuses and an the date stated above			
		220 SIGNATURELY 451	0 0 4	ATTENDING MED STAFF November 30. 19			
		- Ceno	The state of the s	P PMTS DIRECTOR LI PMTS LI			
		22c PHYS.CIAN'S M. McKendree Be	oyer, M. D.	22d. ADDRESS 9701 Church Street,			
	200	D. ALL CREATERS		Damascus, Maryland			
J	230	Burial, (REMATION, 235 DATE THEREOF Burial Dec. 2. 19	23c NAME OF CEMETERY OR				
	0.1						
	24	FUNERAL DIRECTOR	ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRARS SIGNATURE DARRE C 5 1967 Cliantes Judge			
		Olin L. Molesworth,	Damascus, Md.	DABEC 5 1967 Clientes Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be defached for use as the burial-transit permit. Then please remove carban papers. It should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 haus Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67



CERTIFICATE OF DEATH

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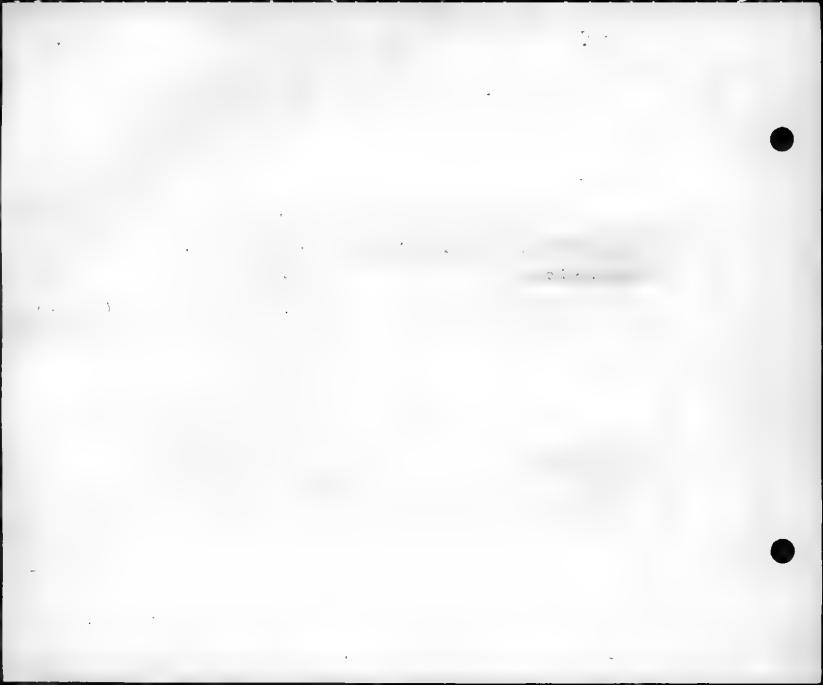
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tificote be executed within 24 hours after	strending physicion and completely filled the fit services armit. Then please remove carbon papers. Pages and a presented and present within the page.		3. S. 100 dup	b. CITY OR
h cer	Ing p		15.	WASDEC
deat	ermit.		(y e	WAS DEC
10 IOSMITAL DE LITERDES PRYSICIANS: The law requires that the death certificate be executed within 24 hours after Beath. Page 4 may be retained by the hospital ar ottending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled man by the fairector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages charle the field with the State Deat of Hankle print to hir all permit or removed and in any event within 2004.		MEDICAL CERTIFICATION	Condition rise to it stating that. PARY II 20a ACCCOR CONTI (IF EITHER 20c TIM) 21. SOW 22a. SIG
TO II	dire	3	В	BUR AL,
	A15 [4] 5M 1/67		24	Funerai Fran
4.4	**** 17 W		1	- A CI-1

	THICAL OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a county montgonery	MARYLAND OLSTATE BLOOMERY. General
b. CITY OR TOWN (If outside corporate limits. / I. c. LENGTH OF S	
Silver Spring	I Styrthille
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address	d. STREET ADDRESS 6 D. RESIDENCE
Colonial Villa Rest Hon	1e 5709 43 Rd Avenue YES NO E
3. NAME OF First Middle	OF 3
(Type or print) ELS-ABETH W.	· WEAVER DEATH PLOURING 13 196/
S. SEX 6. COLOR OR RACE 7 MARRIED . NEVER MA	= 1 1 4 a - 2 1 1 1 0 0 0 14 7 lost birthdey) Manths Dovs Hauss Min
	YIS.
100 USUAL OCCUPATION (Give kind of work done duping most of works. The consent featured Catateria Manager Public Sch	COHMINA
Jesse H. Wilson	14. MOTHER'S MAIDEN NAME Lizzie Woodward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY	NO 17 INFORMANT Address
(Yes, no grunknawn) (If yes give war or dates af service) 276 30 10	
18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	reter and DEATH
DUE TO	
Conditions, if ony, which gave) (b)	
rise to immediate cause (a), stating the underlying cause DUE TO	
lost. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
20a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF IN.URY Month, Day, Year Hour a.m. 20d INJURY OCCURRED While Not While	1 hertensing YES NO E
E 20a ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INTU	JRY OCCURRED (Enter nature of injury in Part I or Port II of item 18)
☐ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF IN.URY Manth, Day, Year 20d INJURY OCCURRED While Mot While	
Hour a.m. 19 While of work of wark	factory, street, affice bldg , etc.)
21. I certify that (I) (this haspital) attended the decea	used from Jan. 20, 1967, to Nev. 13, 1967 that (1) (we) las
saw the deceased alive on 200. 13 196	7, and that death accurred at 9 a. M, fram causes and an the date stated above
22a. SIGNATURE	ATTENDING MED STAFF 226 DATE SIGNED
Co shelle	MD PHYS LE DIRECTOR L PHYS L NOV 13/1967
22c. PHYSICIAN'S NAME (Type) A, B. LITTLE	17. D 69115-76 of hw Wish DC 20012
	F CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Build (Specify) 11/16/67 Oak I	
24 FUNERAL DIRECTOR ADDRESS	
Francis Gasch's Sons Hyattsville	e, Md. DAT NOV 17 1967 Ocharles Quese.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affect deat

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
a. COUNTY MARYLAND	a. STATE PRINCE (TEOTRE
b CITY OR TOWN (If ourside corporate limits, C. LENGTH OF STAY IN 1b	(CITY OR TOWN (If outside carparate limits, write RURAL and give nearest (bwn)
write RURAL and give negrest town)	0
TAKOMA PAKK Montes	K)C//30/L/C
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. S. RESIDENCE ON A FARM?
WASH SAN & HOSP.	1/1227 OLD BALTIMOXE LIKE YES NO
3. NAME OF First Widdle	Last 4. DATE Manth Day Year
(Type or print) Bernard Landu	11/e//s DEATH NOV. 13 1967
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	last birthday) Manths Days Hours Min
7/AKE 001/E	3-3/-94 73 yrs. 7 /3
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY?
RESEARCH Agricultural	Virginia. American
13. FATHER'S NAME	14. MOTHER'S MAIDEN MAME
JOHN WELLS	Fannie Lee
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates af service)	ashington Sanitarium & Hospital
NO	INTERVAL BETWEEN
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.	ONSET-AND DEATH
IMMEDIATE CAUSE (a)	of UKINARY MIGRER 2415
1810 DUE TO with metas	tasis
Conditions, if any which gave) (b)	
rise to immediate cause (a), stating the underlying couse DUE TO	
lost. (c)	
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTOPSY
NO.	PERFORMED?
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF AMINED	YES NO
☐ 206 ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I ar Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f (City or tawn) (Caunty) (State)
Hour a.m 19 While Not While 15 to	crary, street, affice bidg , etc)
21. 1 certify that (this haspital) attended the deceased fram_	16-13 , 1967, ta 11-13 , 1967, that (1) (we) last
saw the deceased alive an 11-12 19 67, and th	at death accurred at 8 A M, fram causes and an the date stated above.
22g. SIGNATURE	22b DATE SIGNED
1111111	ATTENDING MED STAFF 112/47
22c PHYSICIAN S	A.D. PHYS. L24 DIRECTOR L.J PHYS. L.J 11/13/07
NAME (Type)	and reported
230 BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY O	
	In Cemetery Colmar Manor P.G. Md.
24 FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
Francis Gasch's Sons Hyattsville, Md.	DATE NOV 17 1967 191. C 0

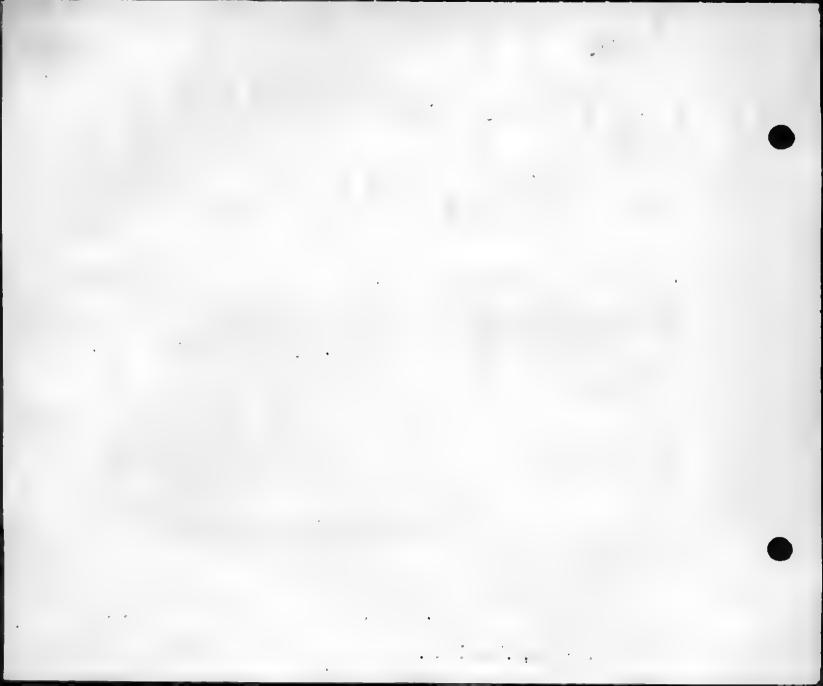


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

		Items 2, 3, In, FilmGun 2 7/2/8 CERTIFICAT	S, 301 W. PRESTON STREET, BALTIMORE 1, N	ARYLAND				
		TETES TEST TO THE TEST OF THE	E OF DEATH	15732				
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)				
	,	MINT GOMERY MARYLAND	a. STATE M. b. H. b. COUNTY MOS	ntgomery				
	$\overline{}$	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)				
	\mathcal{K}	URAL - BURTONSVILLE 3 MO.	MABHINGHUM Bethesda	t				
	,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 309 Landon Lane	e. IS RESIDENCE ON A FARM?				
,	4	IPPARD NURSING HOME	151440HIDNWELHIKKITIANA	My YES NO KT				
	3.	NAME OF Therese First Middle	Last 4. DATE Month	Day Year				
	-	(Type or print) THERESA GERTRUDE SEX 6. COLOR OR RACE IN MADDIES TO MEDICAL MADIES TO MEDICAL MADDIES TO MEDICAL MADDIES TO MED	WESCHLER DEATH NOV.	8 1967				
	5.	MARKIED NEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	Days Hours Min.				
	100	PEN. WHITE WIDOWED DIVORCED	106,21, 1887 80 yrs.	TATACH OF HOUSE				
	dur	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY		OUNTRY?				
	13	FATHER'S NAME	WASHINGTON, D.C.	U5.A				
	10.	Al curick Ka a meanly	Manuel May	-111 ^				
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	WOUTH DOL	ASM. D.C				
		s. no. or unkown) ((If yes give war or dates of service)	IRS. ANNA L. RUPPERT - 5420 · Co					
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	KS. ANNA L. KUPPERI - JAKO CE	I INTERVAL BETWEEN				
		PART I. DEATH WAS CAUSED BY:	Carcin man Charm	ONSET AND DEATH				
		IMMEDIATE CAUSE (a) THE LOCATION (C.)	CARCINIONA JUDI					
		Conditions, if any, which \ DUE TO Breast - wide	expred to bone					
		gave rise to immediate						
		cause (a), stating the but to and hours	78					
	NOI		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
	CERTIFICATION	secte + Chronic Heine	orchagic CYSTITIS	YES NO 2				
	E I	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18	.)				
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou ory, street, office bidg., etc.)	inty) (State)				
	E I	p.m. 19 While Not While at work						
		21. I certify that (I) (this hospita)) attended the deceased from		, that (1) (we) last				
			at death occurred at 3 M, from the causes and on t					
		22a. SIGNATURE 22b. DATE SIGNED						
		22c. PHYSICIAN'S M.I	ATTENDING MED. STAFF DIRECTOR PHYS. 122d. ADDRESS	<i>A</i>				
à h		MAME (Type) Joseph E. Smith, Jr. M.	D Burtonsville, KC	2(,				
	23a	REMOVAL (Specify) 11-11-1967 Mt. Oliver Ce		unty) (State)				
	24.	Buria, FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR					
	-	Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. K.W. Wash. D.C.	DATE NOV 1 3 1967 JCLICA	wer Judge				
		727		- U U				

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 15M 4-64



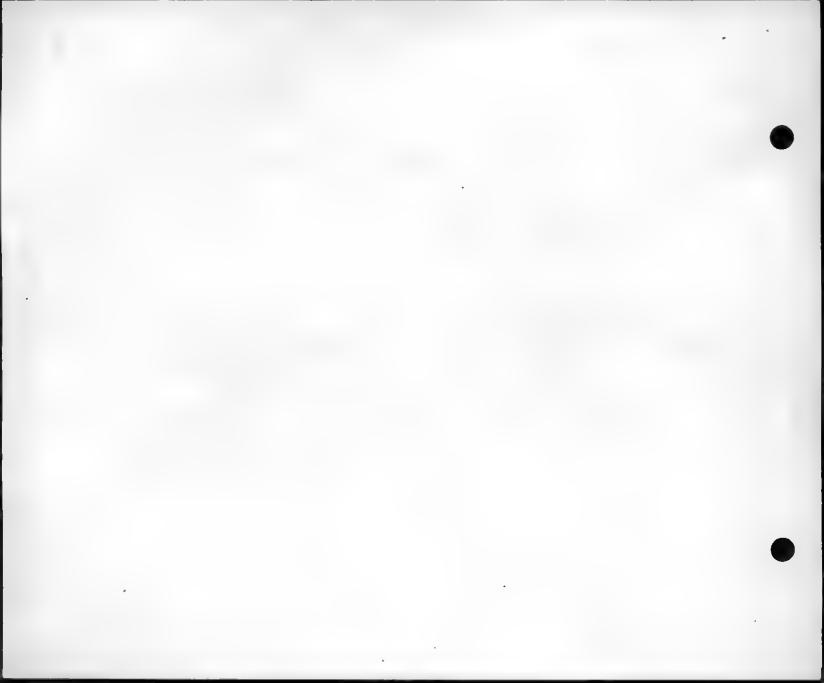
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15763

	20140	CERTIFICATE	OF DEATH		20.00		
1	PLACE OF DEATH		2 USUAL RESIDENCE (Wh	ere deceased lived if institution			
	o. COUNTY Montremery	MARYLAND	o state Haryland	b county	1 north		
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outsi	de corporate limits, write RURA	L ond give neorest town)		
	Rockville		Bethesda		15 1		
Н	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS OF	75 Linden Ave	e IS RESIDENCE		
0	Potomac Valley Nursin		549dxxBeecke		ON A FARM? YES NO X		
3	NAME OF First	Middle		4 DATE Month			
	DECEASED (Type or print) DAISY I.	WHITON		OF DEATH Nov. 9.	'		
S	SEX 6. COLOR OR RACE 7, MARRIED		B DATE OF BIRTH	Q AGE I'm vents	IF JNDER I YEAR IF UNDER 24 HRS.		
	Femrolo White WIDOWED	Director	3/15/81	OO YES	Months Doys Hours Min.		
đ.	ring most of working life even if retired) I II	IND OF BUSINESS OR NDUSTRY 11 110 M€	Atlants,	State, or fareign country)	12 CITIZEN OF WHAT		
Ī	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
1	es, not of unknown). (If yes give wor or dotes of service)		NFORMANT 4-47	Ont man Address	70. Betl 🖙 , 18		
		20-41-91801 1.	rcl. ; h	tyari-Law	r = 2.01!		
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DEHYDRATION A CIPOSIS						
	IMMEDIATE CAUSE (o)	EHLDRALL	ON A ACI	posis	3 ONST AND DEATH		
	Conditions, if any, which gave	OWER BOWEZ	DOCT	RUCTION	Luce		
	rise to immediate couse (a), [DUIS TO	IWEEK					
		ARCINOMA	(RECTA.	4)	/YEAR		
_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T			19 WAS AUTOPSY		
. LY	GENERALIZED AK	TERIOSCLER	05/1		PERFORMED?		
0.35	20o ACCIDENT WAS UNDERLY NG ☐ 20b DE	ESCRIBE HOW INJURY OCCURRED (rt I or Port I of item 18)	<u> </u>		
FEDTIE CAT	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20r TIME DE INILIPY Month Day Year 20d 1	N.JRY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f (City or town)	(County) (State)		
ME	Hour o.m. While p.m. 19 st wor	Not While factor	ory, street, office bldg., etc.)				
	21 certify that (I) (this haspital) often	ded the deceased from	FEBRUALY 19	67. to NOV. 10	. 19_6.7. that (I) (awe) lost		
	sow the deceased alive on Nov.	9, 1967, and that	deoth occurred of ??	: 36 P.M., from couses or	nd on the date stated above.		
	22o. SIGNATURE		ATTENDING M	ED STAFF	22b DATE 5 GNED		
1	Joseph 1. Co	WO MO		RECTOR PHYS	17/9/47		
	22c. PHYSICIANS NAME (Type) Jose h .T. John	or	22d ADDRESS	V = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =	J D. 11		
-				Soorgetown R			
2	O BUR AL CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR C		23d LOCATION (City or Town	, , , , , , ,		
-	Bund of 111/14/67	Arlington Nat	tional	Arlington, V	CTRADE CICNATURE		
٦,	4 FUNERAL DIRECTOR Funeral Hom	e-1331 Rockvi	lle Pika NA	V 1 1 1997 07	Clanda Oulce		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the bund-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72-fraus after death. Pages 1 and 2 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filters. By the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. bours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

	MARYLAND ST	TATE DEPART	MENT OF I	HEALTH		
DIVISION OF STATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET, B	ALTIMORE 1,	MARYLAN
5771	CERT	FIFICATE OF	DEATH		i	5764

1. PLACE OF BEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
MONTGAMERY MARYLAND	Mary and Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Krinsinator /mo 22 day	Kensington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	II U. STREET ADDRESS
Kensington Gardens Santarum	3333 (Annues de Blad, YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) James .T W12	LETT BEATH NOW 1/ 1967
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE DF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male WIDOWED DIVERCED	2-3-1900 (ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even it retired) INDUSTRY Retired	Baltimore, Md. U. S.
13. FATHER'S NAME	Baltimore, Md. U.S.
the same	14. MOTHER'S MAIDEN NAME
William Willett	Frances Kane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service)]	INFORMANT Wife Address
	elene Willett Same as Item 2.
18. CAUSE DF DEATH [Enter only one cause per ling for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	DNSET AND DEATH
IMMEDIATE CAUSE (a)	nend
DUE TO	#
conditions, If any, which (b) Lange fac	llend
cause (a), stating the DUE TO	
underlying cause last. (c) acras	applicato
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CAT	PERFORMED?
20a, ACCIDENT WAS UNDERLYING THE 20b, DESCRIBE HOW INTIRY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G DR CONTRIBUTING CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	MILES. (Little Indian of Ingary in Part 1 of Fart II of Item 20.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While factor p.m. 19 at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	rry, street, office bldg., etc.)
	24.66.17.16.2.11.2.11.2.11
21. I certify that (I) (this hospital) attended the deceased from	196 to 10 1, 196 that (I) (we) last
saw the deceased alive on 195, and that	t death occurred at 1245M, from the causes and on the date stated above.
22a. 9GNATURE / 1	ATTENDING MED. STAFF
How I out wellow M.	D. PHYS. DIRECTOR PHYS.
22C. PHYSICIAN'S NAME (Type)	22d. ADDRESS 11,000 Old Gerogetown Road
Robert T. Thibadeau	-2,000
	Pobled 17s Manufand 20852
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETER)	Robicy111e Mary land 20852 YOR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'S REMOVAL (Specify) Burial 1 11-15-67 Baltimore N ADDRESS ROBERI A. PUMPHREY, Bethesda, Mary	atl em Baltimore Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18)

20e. PLACE OF INJURY (Hame, form foctory, street, office bldg., etc.)

11-8

(City or fown)

(State)

20c. TIME OF INJURY Month, Day, Year Hour o.m.

22o. SIGNATURE

20d INJURY OCCURRED Not While ot work L at work

__, 19<u>_60</u>, to_

DIRECTOR

(County)

1/- 14 , 1960, that (I) (we) lost

saw the deceased alive an

21. 1 certify that (1) (this haspital) attended the deceased from_

M.D.

22d. ADDRESS

and that death occurred at 6:45 PM. from causes and on the date stated above. 22b. DATE SIGNED

22c. PHYSICIAN S NAME (Type)

23b DATE THEREOF

· LoHON NAME OF CEMETERY OR CREMAPORY

23d LOCATION (City or Town)

(County)

(State)

REMOVAL (Specify) 24. FUNERAL DIRECTOR

230- BURIAL, CREMATION,

250 REC'D BY REGISTRAR

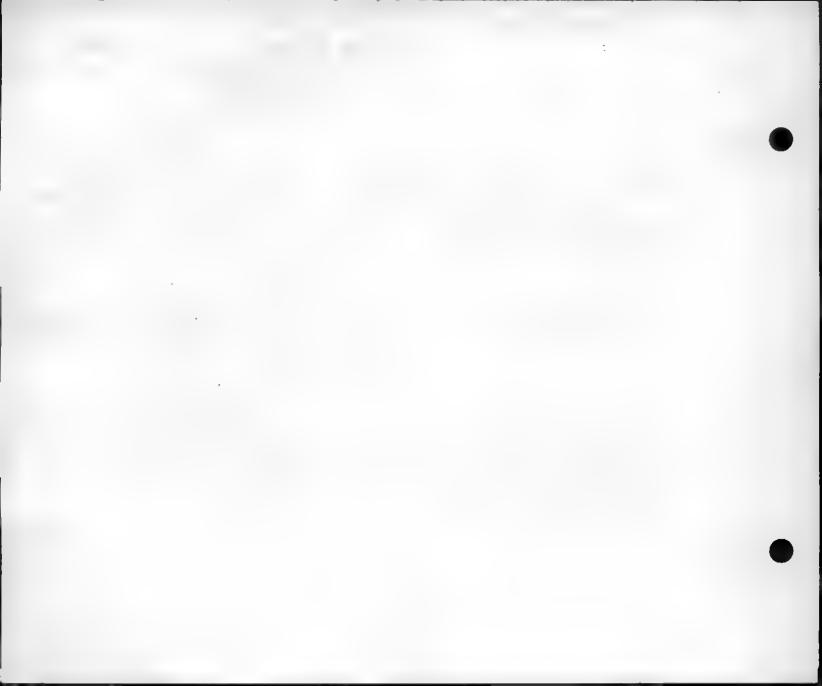
VR A15 (4) 25M 1/67

director, page 3 shauld be filed v

Page 4 may be retained FUNERAL DIRECTOR:

9

25b REGISTRAR'S SIGNATURE

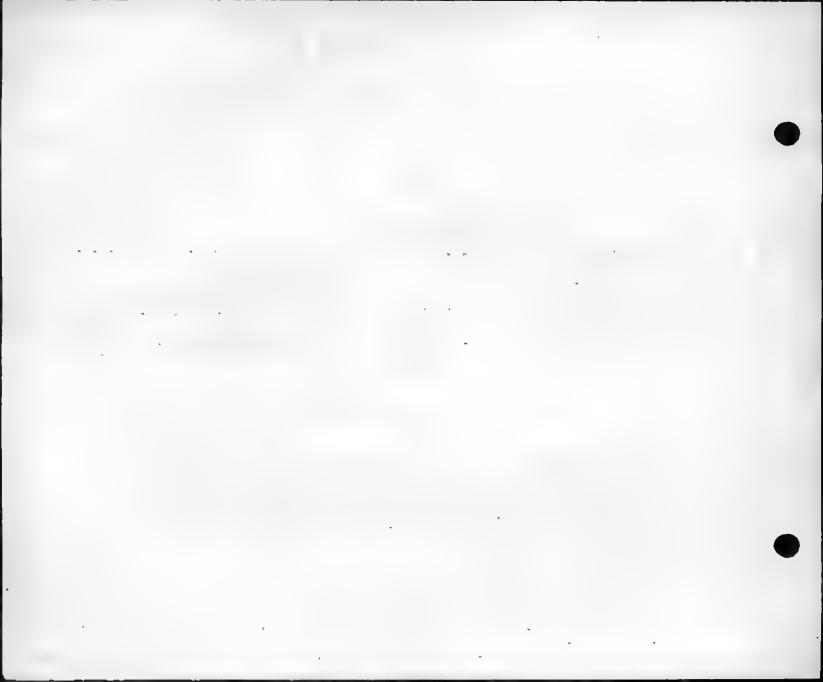


	1117417	1 PLU at	DAIL	D = 1	77115	1111101111 0				
TICAL	RESEARCH	AND !	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

A E My My Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	CERTIFICATI	OF DEATH	10708			
	PLACE OF DEATH ,	2. USUAL RESIDENCE (Where deceased lived, if institu				
	o. COUNTY Maryland MARYLAND	o. STATE Many lond b. COI	UNTY Montgomery			
\vdash	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write R	/ (/-			
	write RURAL and give nearest town)	Wheaten	,			
_	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS	e IS RESIDENCE			
	Wheaton Nursing Home	2806 Radius Roza	ON A FARM?			
	NAME OF First Middle	Lost 4 DATE Mo	nth Doy Year			
	DECEASED (Type or print) Francis I.	Wood DEATH 11	1 1967			
	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS			
L	M WIDOWED DIVORCED	7-24-14 lost birthdoy) 53 yrs.	Months Doys Hours Min			
	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?			
dui	Postal Supervisor U.S. Post Office	Washington, D. C.	U.S.A.			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAMÉ				
L	Grancis 9. Wood	Catherine O'Neil				
	Wife and a way are deleted of popular	INFORMANT 7403 Buchanart				
Ĺ	yes (in yes was of acres of service) 578-40-3723 90	hn Wood Hyattsville, M	d			
	TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c)	Carry a notalises	INTERVAL BETWEEN ONSET AND DEATH			
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
ATIO			YES NO Z			
CERTIFICATION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item IB.)				
MEDICAL		ICE OF INJURY (Home, form, 20f. (City or town) tory, street, office bldg., etc.)	(County) (State)			
	21. I certify that (1) (this haspital) attended the deceased from	March , 1967, to 1/4 6	7, 19, that (I) (we) last			
	sow the deceased olive an19	it deoth occurred at 6 30PM, from cause	s ond on the date stated above.			
	220. SIGNATURE	ATTENDING MED. STAFF	22b, DATE SIGNED			
	Manis Jen	D. PHYS DIRECTOR PHYS.] //-(-6/			
	221 PHYSICIANS NAME (Type) Morris Roog Perry	11602 Georgia Avenue.	Silver Spring Md			
	TIOTALS KELL TENLS					
230	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR					
136	Surial Nov. 6, 1967 Arlinaton Na Company Design C. Glen Carter 8434 APPESagia A		REGISTRAR'S SIGNATURE			
W	arner E. Pumphrey, Inc. Silver Spring.	verme	Octionles Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tifled in by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remave carban papers. Fages 1 ead. 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after-depth VR A15 (4) 20 M 1/66

ages 1 and 2



MARYLAND STATE DEPARTMENT OF HEALTH tems 18-21 Film #395 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 L1-30-67 mt MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY 2, and 3 to PM3, Page Montgomery
b CITY OR TOWN (If outside corporate | mits, MARYLAND Maryland Montgomery
c CITY OR TOWN (if outside corporate - mits, write RURAL and give nearest town) Maryland c LENGTH OF STAY IN 16 Takoma Park D.O.A. Silver Spring d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) penc.l in Item 18. Give Pages 1, 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm Washington Sanitarium & Hospital 75 East Warme Ave YES NO X perm.t. File pages Land 2 with the State 3 NAME OF DECEASED NELDA RUTH November (Type or print) MOOD DEATH 9 AGE (n years IF UNDER 1 YEAR IE .. NDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Hours al-trans,t perm,t. File pages land 2 v ly event within 72 hours after death White DIVORCED 4-28-29 Female 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 B RTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT Suburban Personel during most of working life, even if retired) Texas 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME A.J. Norton Ruth Sparks IS. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Mr. James F. Wood, Husband 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY- Cardiorespin INTERVAL BETWEE Cardiorespiratory Failure due ONSET AND DEATH MMEDIATE CAUSE (o) writing the word DUE TO to Barbiturate Intoxication in any Conditions, if ony, which gove nse to immediate cause (a), DUE TO stoting the underlying cause 0 or remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/a) 19 WAS AUTOPSY shauld be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 18) PRIMARYOFT or CONTRIBUTING Deceased took overdose of Nembutal Capsules CALISE OF DEATH iles. 20c TIME OF INJURY Month Day, Year 20e. PLACE OF INJURY (Home form, 20f (City or fown) 20d INJURY OCCURRED burial, cremati foctory street, otice bldg , etc) Hour am 11-15-6719 While at work of work 5 may be retained far yaur O FUNERAL DIRECTOR: Page Health priar ta bural, crema Cilver Spring Montgomery 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspect on Inquiry I. and in my opinion death resulted mm Natural causes Su cide 1 Undetermined manner the funeral directar CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE NAME (Type) 23d LOCATION (City or Town) 23o BUR AL CREMATION (County) Prince Georges County Md. 9t. Lincoln Crematory VR A15ME (5) 6M 1/67 Pumphrey Inc.



-			1 F M PLE
7 5	. 1		15775 CERTIFICATE OF DEATH
death nerol and 2	VI		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
r deat funeral and er deat	and the	(1. COUNTY MONTGOMERY MARYLAND O. STATE MARYLAND 6. COUNTY MONTGONE
the second		ŀ	CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
24 hours aft ad in by the specs Pages	1		SILVER SPRING 1-Month. EXECUTERXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
tho in ers	1	(NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS
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· · · · · · · · · · · · · · · · · · ·			VAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
d with letely corban			Type or print) CALVIN EMBENEURIGHT DEATH 196/
ecuted with		S. S	NEVER MARKIED NEVER MARKED
ond co	`		MALE U WIDOWED DIVORCED 5-1-14 IGS DITTOGY) Main Day's Haur's Main. LIST-AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 RIRTHPLACE (County & State, or foreign country) 12 CTIZEN OF WHAT
be not		duri	USLAL OCCUPATION (Give kind of work done no most of working the even if retired) NOUSTRY Self (mployed) 11 BIRTHPLACE (County & Stote, or foreign country) VA. 12 CITIZEN OF WHAT U. 3. A.
physican and en please removed and in or			FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ohys		13.	A. 0 //
ng p		15	Was need to be a part of the section
ne death certifi attending phy permit. Then		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no. a yunknown) (If yes give war or dates of service) yea 16. SOCIAL SECURITY NO Lincle Edith Mae Unight Wheaton,
atte d			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN
that the death certificate be executed within on. by the attending physicion and completely fill pronsit permit. Then please remove corban premation, arremation,		Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCEST UF HEART FAILURE B. ONSET AND DEATH TWO KEY.
s that t cion. d by the -tronsit		Ш	410 × DIE TO PULLDONARY INFARCTS. CHRONIC ATRIAL FIGRILLATION.
ysic yned riol		П	Conditions, if any, which gave) (b) RHEUTATIC HEARY DISENSE MITRAL + @ ADRIC STENOSIS 36 YEARS.
o Sico		Н	rise to immediate couse (0), Court To
ow Indin		П	lost. (c) State of the Control As 480 VE.
AN: The low of or ottending of the low become of the lost of the l		×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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E E E E E E E E E E E E E E E E E E E		CERTIFICATION	20g. ACCIDENT WAS UNDERLYING C 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING C CAUSE OF DEATH
YSI ospi cert cert		W U	(IF EITHER, NOTIFY MEDICAL EXAMINER)
PH he		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f (City or town) (State)
NG the termination of the decidence of t		2	p.m. 19 atwark 🔲 atwark 🔲
A Paragraphic A			21. I certify that (I) (this haspital) attended the deceased fram
ATTENDIN stoined by CTOR: Afte shauld be			220 SIGNATURE //
S EC		П	House G. Coroniam M.D. ATTENDING MED DIRECTOR - STAFF - 11/14/67
A PL O	,		220 ADDRESS
O HOSPITAL Page 4 may O FUNERAL director, pog	i		NAME (Type) ATUGO G. GRAZIANI, 170. 10101 GEORGIA AVE, SILVER SPRING, TO
O HOSP Page 4 O FUNEI director	0	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Alore 18 1057 County (County) (State)
5 년 년 등 수	0//		hinral mov. In. 140/1 John Lincoln Cemercia I raince Georges Commy, I'm
VR A15 (4)	3	11	JUNERAL DIRECTOR Homas Challestona 8434 APPRESTAIA Avenue 250 RECID BY REGISTRAR 250, REGISTRAR'S SIGNATURE



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	MARYLAND
A ES	CERTIFICATE OF DEATH	15769 _
funeral should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: F a. COUNTY 5. STATE More 1 0 20 d b. COUNTY	Residence before edmission)
thour by the and 2 death.	Montgomery Maryland Mar, land B. Cookin Pri	nce Georges
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	d give nearest lown)
affect in	Silver Spring Hest Hyattsville	
d within silve jilled j	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
1 등 출생	University dursing Home 2213 Calvert St.	YES NO
executed completely in papers.	DECEASED OF	Dey Year
e execu d compl bon par within 7	TIWIN TIME	74 19 67 TYEAR, IF UNDER 24 HRS.
7 E E E	lest birthday) Months	Deys Hours Min.
iicate Lian al ove ca event _t		IZEN OF WHAT COUNTRY?
physician a promove con any event	done during most of working life, even if refired)	
	Housewife Mississippi U 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	.S.A
\$ 7 Q 4 5	William Harris Irwin Anna Laura Key	
the atten	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give war or dafes of service)	_
that the and the after the after and the after after and the after and the after and the after a		oca Rd.
requires that the physician. gned by the attensit permit. Then ion, or removal,		INTERVAL BETWEEN
he law requires bending physicial been signed by rial-transit perm cremation, or r	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Celocytona of Idaan	8-9 mints
	1730 DUE TO	,
The law attending as been siburial-trail	Conditions, if eny, which (b)	_
at the second of	gave rise to immediate cause [a), stating the underlying DUE TO	
	cause last. (c)	THE WAS ALTONOV
YSICIAN hospital of certificate r use as the prior to bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
TYSIC hosp certif	20s. ACCIDENT WAS UNDERLYING 1 20h. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Lot Part II of item 18.)	YES NO
探송등순표	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (If EITHER, NOTIFY MEDICAL EXAMINER)	
d by I		uniy) (State)
H × e ×	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) While Not While et work street, office bldg., etc.)	
DR ATTEN By be retain IRECTOR: should be d		.4
A7 bould	saw the deceased alive on	
O E Q o	22e. SIGNATURE	22b, DATE
A Para	William Brand M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	11/2 A/CZICKED
Pag ER, pa	22c. PHYSICIAN'S NAME (Type) 14/M RRAIN) 14/ (22d. ADDRESS LOLL & Central Are Coll	711.1.11
TO HOSPITAL death. Page 4 TO FUNERAL director, page 3	WIND NITTO IN CONSERVANT STATE	179014
0 % O ½ \$\dag{\pi}	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or count	ty) (State))
H H	burial 11/27/67 Cedar Hill Cemetery Suitland, Md.	SIGNATURE
VR A15 (4)	The S.H. Hings Commany N & leash T. Charlette Page 1. Charlette Pa	es judge
20M 5 64	2901 14th Sty N.W. Wash, L. (CARTOT S.	
L.		

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-4	The	pry	27	916
10	20	1	1	- 2
-	w	48	杨	6

CERTIFICATE OF DEATH

15770

	1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)				
	o. COUNT	Montgomery		o. STATE b. COUNTY				
	CITY A		MARYLAND	Virg		irfax		
	b. CHY O	R TOWN (If outside corporate limits, RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	C. CITY UR TOWN (If out	side corporate limits, write RURAL and giv	e nearest tawn)		
	***************************************	Bethesda	27 days	Sprin	ngfield	83 3		
	d. NAME	OF HOSPITAL OR INSTITUTION (If not in hos		d. STREET ADDRESS		e IS RESIDENCE		
5	The C	Clinical Center, Be	thesda, Maryland	8115 Spri	ingfield Village Dr	ON A FARM?		
		RAME OF First Middle DECEASED (Type or print) Herbert Cyrus			4. DATE Month	Day Year		
	DECEASED				OF	16 1967		
	S. SEX				DEATH November 19. AGE (In years IF UNDER			
	J. JLA			B. DATE OF BIRTH	last birthday) Months	Doys Hours Min.		
	Male	MITTOG	OWED DIVORCED 3	0000000 =/-				
	100. USUAL O	CCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &		TIZEN OF WHAT		
	Sur	f working life, even if retired) oply Specialist	Navy	Rhode Is		USA		
	13. FATHER		4	14. MOTHER'S MAIDEN NA				
		George Young			Alvina Varin			
		EASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT TO 34	dical Record			
		nknown) (if yes give wor or dates of service	020 05 54/3 55	The Med	alcal Record	C		
	Yes	1943-1946		offinical G	enter, Bethesda, Ma			
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Honotic Freeches Roaches Ro					2NSTJAND SEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Hepatic Encephalapathy					2 Days		
	15	157 X DUE TO						
			Carcinoma of Panci	reas with me	tastasis to Liver	4 Months		
		rise to immediate cause (a), stating the underlying cause DUE TO						
	lost.	storing the underlying couse						
	PART II	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
	NO TOWN	South Complitions South	TO SERVING THE RESIDENCE	William Postor Volla		PERFORMED?		
	3					YES K NO		
		IDENT WAS UNDERLYING RIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	art I or Part II of Hem 18.)			
		R, NOTIFY MEDICAL EXAMINER)						
	20c. TII	AE OF INJURY Month, Doy, Year		CE OF INJURY (Home, form,	20f. (City or town) (Co	unty) (State)		
	WE	Hour o.m. 19	While Not While of work	ory, street, office bldg., etc.)				
	21			ot. 20 19	67 to Nov. 16 , 196	67 that (N (we) last		
	sav	21 1 certify that (X) (this haspital) attended the deceased from Oct. 20 , 1967, ta Nov. 16 , 1967, that (X) (we) last saw the deceased alive an Nov. 16 1967, and that death accurred at 9:00 M, from causes and an the date stated above						
		220 SIGNATURE / / PM 22b, DATE SIGNED						
	1	INV MI	WD A MI	D. PHYS.	MED. STAFF DIRECTOR PHYS. X 17	Nov. 1967		
		IVSICIAN'S		22d. ADDRESS The				
	(N	ME(Type) John W. Ke	yes, gr., MD.	Institutes	e Clinical Center, of Health, Bether	sda Md.		
	230. BURIAL		23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)		
-		AL (Specify) Nov. 20,1	967 Young's Far	mi ly		e Island		
1	24. FUNERA	L DIRECTOR	ADDRESS	2So, REC'D	BY REGISTRAR 2Sb. REGISTRAR'S S			
1	-	A Cun	nningham Funeral H	iomo	1000 000	les Judge		
1	Inna	0 1 1- 10 110 000 Car	meron & Alfred Ale	DATE NO	V G I IJOI	NA A		

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corben papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter death Page 4 moy be retained by the hospital or oftending physician.

VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201

15773 PLACE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

	Montgomery	MARYLAND	o STATE Dist	trict of	Columbi	ia c	
b. CITY OR TOWN	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) akoma Park			c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)			
				Washington 47-3			
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hospital		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
Washin	gton Sanitariu	m	6709 -	16th St	., N. W.	YES NO	
3. NAME OF DECEASED (Type or print)	VIOLET H.	ZENTZ Middle	Lost	4. DATE OF DEATH	Nov. 29	Doy Year 19 67	
s. sex Female	6. COLOR OR RACE 7. MARRIED WIDOWED		8. DATE OF BIRTH Apr. 9, 18	9, AGE 74 dost	(In years IF UNDE birthday) Months yrs.	ER 1 YEAR IF UNDER 24 HRS. Days Haurs Min.	
during most of workin		KIND OF BUSINESS OR INDUSTRY	Wisconsi	in		COUNTRY? U. S.	
13. FATHER'S NAME	D1		14. MOTHER'S MAIDEN	-1111			
August	Beushauser		MAKNOW		ose Lamb		
(Yes, na, or unknown	VER IN U.S. ARMED FORCES?) (If yes give wor or dates af service)	5. SOCIAL SECURITY NO. 17. 94-05-9208 Re	informant Son odney G. Z			Blvd.,W.	
Conditions, if on rise to immediastoring the undust.	ate cause (a),	ute Ryelo	nophite THE TYMINAL DISEASE CO	Twite DINDITION GIVEN IN P.	A Ure	19. WAS AUTOPSY PREFORMED? YES NO	
CAUSE OF DEATH	ONTRIBUTING 🗆	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of i	item IB.)		
Hour o		le Not While for	CE OF INJURY (Hame, far tary, street, affice bldg., etc		or town) (1	County) (State)	
	ACCICTANT ALCOHOL EVANIMED						
EXAMINER'S NAME (Type)	BELDEN R. RE	AP		CAL EXAMINER X et, city, town, or cour	nty) Wheat	12-1-67 on, Md.	
230. BURIAL, CREMAT AF MOVAL (Spen		Ebenezer Ce		23d LOCATION Baltimo	(City or Town)	(County) (State)	
24. FUNERAL DIRECT		ADDRESS	25a, REC	'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
ROBERT A	A. PUMPHREY, Be	thesda, Mary	rland DATED	EC 7 196	of Julia	WEBY TOURISE	

FOR STAT delay is 2, and 3 ta PM3. Pag årtmen Starte-Deal the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form in pencil in Item 18. Give Pages 1, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the "pending" necessary, please execute the certificate, writing the ward may be retained far your files.

VR A15ME 6M 1/67

Mealth prior to burial, cremation, ar removal, and in any event within 72 hours after death.

BLEWED OF BRIDE with the state of the THE STATE OF THE S 195.38 AT 2001 .0 .700 T THESE OF SECOND THE RESIDENCE OF THE PARTY OF T we the war the war there we and the second of the second o the same of the sa